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VWA: Hearing the Courageous Voices of Extraordinary Women who have Experienced
Intimate Partner Violence in Haiti, An Interpretive Phenomenological Analysis

by

Michaëlle D. Pierre

A Dissertation Presented to the
College of Arts, Humanities, & Social Sciences
In Partial Fulfillment of the Requirements for the Degree of
Doctor of Philosophy

Nova Southeastern University

2019

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by

Michaelle D. Pierre

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Nova Southeastern University

College of Arts, Humanities, & Social Sciences

This dissertation was submitted by Michaelle D. Pierre under the direction of the chair of the dissertation committee listed below. It was submitted to the College of Arts, Humanities and Social Sciences and approved in partial fulfillment of the requirements for the degree of Philosophy in the Department of Family Therapy at Nova Southeastern University.

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Abstract

Intimate Partner Violence (IPV) is a huge epidemic in Haiti. It is estimated that 273,200 women suffer from instances of IPV yearly in Haiti. This is in line with the finding that 9.4% of the population of 14-49 year old Haitian women are affected by IPV (Gage, Honoré, & Deleon, 2016; Hindin, Kishor, & Ansara, 2008). It is critical to incorporate the voices of courageous women who have lived through partner violence into our understanding of this phenomenon. This qualitative study aimed to hear the VWA (Voice in Creole) of women in Haiti based on their lived experiences of IPV as well as to give rich description of the meanings they ascribed to those experiences. This researcher conducted semi-structured interviews with seven women in Haiti who survived IPV.

Interpretative Phenomenological Analysis (IPA) was used to analyze the data gathered from the seven participants. From this data, five major superordinate themes emerged: Identity of self, Courage, Lack of protection, Vulnerable self, and Resilient self. The emergent subordinate themes were as follows: Meaning of IPV, Survival, Society's framing of women, and The desire to live. Using IPA through a Narrative Therapy lens elicited a rich descriptive understanding of the participants' experiences, as well as the meanings they attached to their experiences. The findings of this study contributed greatly to the existing literature of IPV, particularly to the limited research available for women residing in Haiti.

Keywords: Intimate Partner Violence (IPV), Haiti, Interpretive Phenomenological Analysis, Narrative Therapy

CHAPTER I: INTRODUCTION

Haiti is an island country marked by the stain of French colonization. Haiti emerged as the only nation to complete a successful slave rebellion. However, because of the roots of the history of slavery, the “VWA” (or voice) of Haitians has been silenced for too long. In this study, I chose to spell the word VWA in the Creole dialect intentionally rather than in the language of the oppressor (*VOIX* in French). The following will be a re-membering conversation of how I became a thinker very early on and determined not to let my *VWA* (voice) be silent.

Personal Views of IPV

I was born in the second largest city in Haiti, Cap-Haitien. I was raised in the countryside in a little town called Trou-du-Nord. I am the product of a teenage mother and a father who decided not to be a part of my life. My grandmother, grandfather, and maternal aunt served as my primary care takers while taking care of my teenage mother as well. It would be an understatement to say it took a village to raise me. I would not have changed that for the world. However, I began questioning who I was when I saw that my cousins had their fathers in their lives when I did not. As a result, I often questioned my worth solely based on the fact that my biological father wanted nothing to do with me. Thankfully, my village showed me enough love and guidance to make up for what I was not getting from the father I desperately longed to meet.

The absence of my father taught me early on that not everyone is presented with equal opportunity in this world. In my young mind, if something so basic as having a present father was not a given for everyone, I wondered what else I would lack because of my unconventional entrance into this world. I developed a strong work ethic in my

schooling, as I realized no one was going to hand me anything. I recognized that I needed to earn everything I would ever want. Being good was never an option; I had to be great in everything that I did. In my view, it was survival of the fittest for me. Growing up with this sense of purpose gave me perspective to see things differently from my peers.

Hence, it did not take long for me to realize that there were some women who were treated differently by the very men in their families. It was clear to me that women in my country were not protected and even when they used their *VWA*, *they were silenced*. This revelation fueled me even more to be a woman with a *VWA* to be heard in my Haitian community. Therefore, my self-imposed expectations were amplified and nothing or no one would stop me. I persevered despite all obstacles because for me, failure has never been an option. My *VWA* will count. It is my mission to ensure that the *VWA* of the many women who are being mistreated in my Haiti are amplified. Consequently, my passion and curiosity surrounding the topic of intimate partner violence (IPV) was born.

The intimate partner violence plague in Haiti is far greater than I can make a case for based just on my personal experiences. The Copenhagen Consensus Center conducted a study in 2017, where data from DHS was analyzed. The findings over the last year reported that fifteen percent of the women interviewed indicated that their intimate partner assaulted them. The study further emphasized that a major theme of the consequences of IPV included “repressing women’s voices and restricting their agency” (p. 6). It is sad enough that IPV is so prevalent in Haiti, but what is more sobering is the fact that the systems that should be administering justice are playing a role in keeping

women from speaking out. This study concluded that, “very few women report intimate partner assaults to the authorities” (p.6).

Given the prevalence of IPV, it is disheartening that there is only one domestic violence shelter—Kay Famn in all of Haiti. It is located in the capital city, Port-au-Prince. Thus, many women are currently facing this huge epidemic in Haiti are prevented to access the services they need due to lack of access and resources. If the status quo is maintained, women will continue to remain silent. Before I realize my goal of developing intervention programs to help challenge this social norm of hiding IPV in plain sight, it is important to gather more data. In order for to truly honor the *VWA* of these women, I realize that I need to create a context for them to share firsthand. By learning about these womens’ experiences, I can determine how to counter this phenomenon.

Purpose of the Study

The purpose of this study was to hear the *VWA* (voices) of extraordinarily courageous women who have experienced IPV in Haiti, and the meaning they ascribed to those experiences. Semi-structured interviews were held with women who received services from Kay Fanm and identified as victims of IPV. The interview questions were open-ended, which helped created rich and generative conversation. This allowed me to learn as much as possible from the participants. The underpinnings of Narrative Therapy were used to guide the interviews. In the realm of Narrative Therapy, reality is socially constructed as it is shaped through language with no objective truths (White, 2007).

IPV Definition

Intimate Partner Violence (IPV), and appropriate interventions are well researched in more developed communities (Abramsky, T., Watts, C., Garcia-Moreno, C., Devries, K., Ligia, K., Ellsberg, M., Jasen, H. & Heise, L., 2011). However, that is not the case in Haiti. IPV is defined by the CDC (2015) as any behavior within an intimate relationship or ex-relationship that causes harm physically (i.e., kicking, hitting, and beating), psychologically (i.e., intimidation, and constant humiliation), and emotionally (i.e., verbal insults, and belittling). It includes controlling behaviors (e.g., isolation, from friends and families, financial control, and sexual harm to include forced intercourse and other sexual coercion). Though I did not witness IPV directly as a child growing up in Haiti, it was commonplace in the town where I grew up. It was not unusual to hear dozens of women crying and screaming in agony as they endured physical beatings from their husbands and/or *plasaj* (domestic partners). At a very young age, I was often bewildered as to why no one did anything to help these women. The inaction of their own family members and the police who were supposedly placed there to help ensure “safety” in our community was perplexing.

Consequently, I grew up with a sense that if none of these people are doing anything to help, I would one day make it my job to bring light to this epidemic. Although the desire was there, I did not know how I was going to help. Some of my earliest recollections were asking women why they stayed in relationships where they were not valued, and why they were not running for their lives. In almost all cases, these women would tell me, “*ou timoun toujou, lè ou gran wa koprann*” translating to “you’re still a kid, you’ll understand when you are of age.”

Upon hearing this, I could not wait to grow older in order to gain the understanding that I so craved, because of my burning desire to perhaps vindicate these poor women. I lived in Haiti until the age of 16 years old. Unfortunately when I moved, I was still “too young” to fully understand the epidemic or to even do anything about it. Nevertheless, I gained some insight about why domestic violence (DV) or intimate partner violence was so prevalent in Haiti. Based on my observations, I understood a few themes, which aligned with the research:

Lack of education: Many of these women had no education, and if they did, they only completed primary school (Gage, 2005; Gage & Hutchinson, 2006; Small, M. J., Gupta, J., Frederic, R., Joseph, G., Theodore, M., & Kershaw, T. 2008). Relationships were out of necessity rather than out of choice or love. Many of the relationships that these women engaged in had very little to do with love. Instead they were initiated out of necessity as a means of survival. It is estimated that, “over 80 percent of unions in Haiti are common-law or *plasaj*” (Family Roles and Organization, 2003).

- Generational aspect of IPV, historically, DV or IPV is seen as a private matter that must be dealt with in the family setting, and it is referred to as *leng sal lave an fanmiy* translated to “not to wash one’s dirty linen in public.”

Understanding at least these things gave me a sense of the powerful forces that these women faced. Consequently, as my education increased, my curiosity grew exponentially day-by-day, as I long to be the *difference that will make a difference* in these women’s lives.

It is worth noting that IPV is a global phenomenon as well. It occurs in all settings regardless of socioeconomic status, religion, or culture (WHO, 2012). Haiti is not the only country where IPV occurs. Furthermore, instances of IPV are not isolated only in third world countries like Haiti, but are also present and still happening in developing countries all over the world, including in the United States of America. The United Nations Secretary-General, Ban Ki-Moon, in 2008 said, “There is one universal truth, applicable to all countries, cultures and communities: violence against women is never acceptable, never excusable, never tolerable.” Ban Ki-Moon made this statement to denounce violence on a global scale. A document published by the World Health Organization that same year reported that:

Overall, 35% of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence; Worldwide, almost one third (30%) of all women who have been in a relationship have experienced physical and/or sexual violence by their intimate partner; In some regions, 38% of women have experienced intimate partner Violence; globally, as many as 38% of all murders of women are committed by intimate partners (WHO, 2012).

The IPV epidemic is present in most if not all countries and communities; however, some of the other countries currently have systems in place to help combat it (Abramsky et al., 2011; Abramsky et al., 2014; Rothman et al. 2003). Unfortunately, Haiti does not appear to have such functioning system in place. The long-term aim of this study is that it will add to the body of literature to ultimately benefit the many women, men and children who suffer with no hope because of the current cultural discourse of the

tolerance of IPV. To date, there are no relational and/or educational intervention program options for victims of abuse nor prevention or psychoeducational interventions to teach perpetrators better ways to engage by effectively communicating their differences. Hence, laying a research foundation will provide building blocks towards development of a relational/educational intervention program. This service is essential to help promote women's wellbeing, and to challenge the dominant discourse which pervades the Haitian culture, where violence and/or aggression against women is currently considered private, a family affair. Consequently, this study endeavors to deconstruct and re-construct subjugated discourses of women's worth and rights.

MFT Work on IPV

IPV is an ever-present epidemic in all communities, as it does not discriminate based on gender, race, or social class. IPV is therefore present in the context of marriage and family therapy as well. Marriage and Family Therapists (MFTs) are trained professionals who work from a relational and systemic lens (Schooley & Boyd, 2013). MFTs are not only trained to see couples, but individuals and families as well. As a result, MFTs regularly encounter couples and/or individuals who have endured IPV. As a matter of fact, Stith & McCollum (2016) note that “up to 65 % of couples coming for treatment of typical marital difficulty have had at least one violent episode in the past” (p.3). Even in the face of this alarming statistic, these authors go on to indicate that MFTs are not properly trained to work with IPV victims, which has led to development of an intervention program called “*domestic violence-focused couples therapy*” (DVFCT). Their work has been challenged by many advocates and practitioners who do not fully comprehend the systemic perspective of working with IPV victims. These concerns are

valid as some posit that, “couple therapy is an appropriate intervention that further endangers the woman” (Schechter, 1987, p. 16). It is important to view IPV within the context of couple relationships to ensure that couples who decide to work through this personal and public health issue have a safe space to do so. Furthermore, it is as important for the field of MFT to amplify the voices of women of color since there is a gap in the research.

Social Cultural Discourse of IPV and Haiti

The dominant discourses of IPV in Haiti are based on structural contexts and factors that include patriarchal gender norms, poverty, and gender inequity (Logie, C., & Daniel, C. 2016; Padgett, R., & Moura-Leite, R. 2011). This patriarchal attitude where men dominate the social and political arena contribute to ways women internalize faulty discourses about their discounted worth. Consequently, a shift in focus on gender inequity is necessary at the societal level. The current discourse emphasizes how men are viewed as preferred in government, and in highly regarded positions this then transcends into the home where as head of households they carry that supreme superiority and demeanor as well. Women are in turn sidelined as second class, with the assumption that they ought to be ruled by the men with societal and family functions. In addition, the legal system’s lack of protection for victims allows for this open acceptance of IPV. As a result, women’s VWA (voices) are neither privileged nor protected in Haiti. As a result their experiences are marginalized and ignored by the systems currently in place.

Position of the Researcher

The study of IPV in Haiti has been and still remains an important aspect of my life. As noted earlier, the central issue is that the discourses surrounding IPV have

influenced the way in which women view themselves. My objective as researcher is to understand the lived experiences of women who have experienced IPV, and the meanings they have ascribed to their experiences. In order for me to do that, I must be guided by *epoche and bracketing* so that any previous knowledge that I have regarding IPV be set aside so in order to get a fresh perspective of IPV (Creswell, 2013).

My goal was to ensure that my biases or preconceived notions of my early recollection of instances of IPV in my community did not affect my ability to be an effective qualitative researcher. As a result, I remained cognizant of my thought processes as I strived to balance my thoughts, feelings, emotions and reactions. In order for that to occur, I sought ongoing supervision, and I kept a journal. There I logged my thoughts and reactions, which allowed me to check my biases.

Summary

The essential task of this study was to highlight the VWA of women who survived IPV. In addition, deconstructing the role of social and cultural discourses played in these women's views of IPV was especially vital to help bring the context of the Haitian culture to life. My aim was to honor the common experiences of women who have faced this phenomenon. The theoretical framework I employed was Narrative Therapy Practices. This approach allowed me to look at how the social cultural discourses embedded in language as well as the adaptation of the patriarchal system in the Haitian culture have influenced women's views of IPV, contributing to the meaning they ascribed to their experiences.

CHAPTER II: LITERATURE REVIEW

“Problems develop when people internalize conversations that restrain them to a narrow description of self. These stories are experienced as oppressive because they limit the perception of available choices.”

Kathleen S. G. Skott-Myhre

This chapter describes the premises of Narrative Therapy as theoretical framework, and how it is a fitting approach to help address the IPV epidemic in Haiti by challenging the dominant discourse. In addition, this chapter provides a review of the literature on IPV globally, in the African diaspora, in the Caribbean, and in Haiti. Available resources such as treatment modalities are highlighted in this chapter as well. This literature review lays the groundwork of the existing body of research in IPV globally and points to what can be learned by increasing the focus on the population in question.

Narrative Therapy: Intimate Partner Violence

Narrative Therapy

Several theories examine intimate partner violence, but there is very little research on the use of Narrative Therapy to explore this topic. Narrative Therapy provides a particularly useful lens to view IPV through its primary interventions of reauthoring. This is accomplished by deconstructing faulty social cultural discourses and reconstructing new meanings. Walsh (2010) highlights the constant construction of new and empowering life stories is at the core of Narrative Therapy. Such subjugated stories can come from storytelling, which is a very important aspect of Narrative therapy. Storytelling affords victims new ways to think of violence as a multi-layered

phenomenon (Boonzaier & Schalkwyk, 2011). Narrative therapy is not limited to speaking only. According to Allen (2012) & Taylor (2004) one's narrative can generate from various forms such as role plays, visual art, journals, paintings, music, and support groups.

Narrative Therapy is a form of psychotherapy founded by an Australian Social Worker named Michael White and David Epston of New Zealand during the 1980s. They cited the works of postmodern, poststructuralist writer Michel Foucault as influential in the development of their narrative model, as social justice is an integral part of the model. The goal of Narrative Therapy is to shift the dynamic of expert knowledge and power from therapists and to provide clients a way of making meaning of their experiences through stories they tell about their lives. This is done by paying attention to the ways language is used to describe these experiences. Narrative therapy underpinnings are derived from theories such as *constructivism* (our perception of things and the definition and function that are ascribed to them), *social constructionism* (the role of language and in relation to others), and *post-structuralism* (which looks power, social cultural contexts, and how meanings are created) (White, 2002). In the next section, I am going to provide a brief overview of the theories that inform Narrative therapy.

Epistemology

Definition

Epistemology literally means the study of knowledge. It originates from two Greek words: *episteme* meaning knowledge and understanding and *logos* which means science or study (Chisholm, 1966; 1977 & 1989). Epistemology is divided into two main categories. The first is to determine of the nature of what we know, and second is to

determine the extent of knowledge. If epistemology means knowledge, then it is important to define that concept as well. Chisholm (1989) postulates that, “knowledge is justified true belief” (p.90). In order for knowledge to hold its *evident* or *justified* identity, Chisholm poses three conditions that must be met “first, the proposition is true; secondly, the person accepts it; and, thirdly, the proposition is one that is evident for that person” (p.90). It is important in the study of IPV to explore the knowledge of how we know what we know. In order to put IPV into context in the Haitian culture, it is as important to understand the role that the womens’ ways of knowing interplay with IPV.

Overview

The following questions will serve as a guide in introducing how the construction of social cultural discourses affect how IPV victims come to think of themselves not only in Haiti, but as well as across multiple cultural groups. How do we know what we know? What informs our way of knowing? Do things exist independent of us, or do they come into existence when we become aware of them?

To begin we look at the first question. How do we know what we know? From the standpoint of constructivism, there is no objective fundamental reality beyond our perceptions. Raskin (2002) writes that, “human beings create systems for meaningful understanding of their world and experience” (p. 12). Freedman & Combs (1996) also state, “perception and cognition” (p. 26). This way of knowing is perhaps one way that women all over the world (including Haiti), learn to form their identify.

From the social constructionism standpoint, social reality derives from “beliefs, values, institutions, customs, labels, laws, divisions of labor” (Freedman & Combs, 1996, p. 16) and is constructed in relationship through language. Gergen (1985) postulates that,

“the move from constructivism to social constructionism is from an experiential to a social epistemology,” (p. 268). In other words, there is a shift from the focus on how the individual constructs reality from his or her experience to how people interact together to “construct, modify and maintain what they society holds to be true, real and meaningful” (Freedman and Combs, 1996, p. 27). The social constructionism worldview is a prime example of how norms, customs, values and beliefs help shape women’s identity in cultures where violence against women is accepted.

Post-structuralism is another lens through which to view how knowledge is acquired. This worldview was pioneered by the French intellectual Michel Foucault. Much of Foucault’s work focused on how power is distributed in society. Narrative therapy was heavily influenced by Foucault’s discourses of power. Freedman & Combs (1996) state that, “to Foucault, language is an instrument of power” (p. 37). In this view, it is clear that language is an instrument often used to lift people up or tear them down. Freedman & Combs (1996) further assert that, “to Foucault, power is knowledge and knowledge is power” (p.38). When knowledge in a given society is controlled by elites, such as in Haiti, power often is monopolized by the affluent, who maintain the dominant discourse of those they influence and control. This is in keeping with White (1991) that individuals can *internalize* the dominant discourses of a given culture and begin to identify with such discourses as their “truth of our identities” (p.39). These internalized dominant discourses by groups such as victims of IPV, based on Foucault’s view, create “docile bodies” and “those who control the discourses of power in our culture” (p.39).

Social Constructivism

Social constructivism presupposes that our perception is the driving force behind how we define the things around us. When viewed through this lens IPV victims in Haiti make sense of their experiences based on their perceptions. In fact, Glaserfeld (1984) who was one of the pioneers of such thinking believed that “there is rational evidence for the existence of an independent reality” (p.6). He further believed that, knowledge comes from the world in which individuals experienced the world. Consequently, in a world of no objective truths, where there are different views of how we come to know what we know: where does our reality stem from? On one hand, some might identify with the statement of George Berkeley, the principle “*esse est percipi*” (to be is to be perceived) does the same trick as Vico’s statement that God knows everything because he has made everything” (Ernst von Glasersfeld, 1984, p. 7). The worldview of constructivism can be explained with the statement “constructivism necessarily begins with the (intuitively confirmed) assumption that all cognitive activity takes place within the experiential world of a goal-directed consciousness” (p.10). Hence, constructivism focuses on how individuals construct their own realities based on their perceptions of the world.

Social Constructionism

Social constructionism is grounded by the premise that reality is constructed based on our interactions with others. According to Gergen (2015) “what we take to be the truth about the world importantly depends on the social relationships of which we are a part” (p.3). This worldview posits there is no such thing as “reality,” “objectivity,” “reason,” and “knowledge” (Gergen, 2015, p. 3). Therefore, social constructionism begs to differ that there are things that are real outside of “culture” or “history.” This view is

consistent with the idea that all things are objects that get perceived inwardly. However, do not have any meaning until language is used to describe them. I resonate with the social constructionism worldview, because it explains and describes how language is not only a means of communication, but also an expression of culture (Cornell, S. & Hartmann, D. 1998). Thus, language plays an essential role in how women in Haiti define themselves as well as the meaning that they ascribe to their self-worth.

It is tempting to lump social constructionism and constructivism together, as both theories do not believe in an objective reality or truth. However, constructivism, is based on perception, we are free to build or create our own world. Social constructionism believes that language is used to create the meanings that inform our world. Another way that constructionism differs from constructivism is that, “social constructionists do not say, there is nothing, or there is no reality,” (p.5). Regardless of preference when constructing and deconstructing one’s reality, there is an important place for perception. However, language seems to weigh more heavily in terms of how IPV victims in Haiti form their identities.

Language

Language is embedded in the social constructionism worldview. This approach clearly points that reality is constructed through language. Gergen (2015) states “language can provide an accurate picture of the world” (p.9). This metaphoric imagery shows how language is essential in constructing our world. Language is therefore, a powerful tool that helps with learning and knowledge. It does not merely exist to connect people, but Gergen (2005) states people exist in language. Foucault agrees and posits language as “an instrument of power” (p.37). Language then, can be said to be at the core

of everything that we know. It can also be used to instill good things and as well as bad things in people.

That is the case in most, if not all, communities. However, it prevails in Haiti due to the influence of social-cultural discourses in how power is distributed, how women are seen, and how violence against women is widely accepted. For example, it is maintained in the violent language commonly used to describe consensual sexual encounters.

According to Clark (2006), sex is often described in the Haitian culture as follows: *kraze yon fanm* (to crush, demolish, or break a woman), *frape* (to hit or hurl), *sakaje* (to sack or plunder), and *voye bwa tèt kale* (to club non-stop), *chire* (to rip), and *koupe* (to cut).

Accordingly, such demeaning language has apparently been interpreted and internalized by women and girls as acceptable or normal, when in fact it is not. Therefore, the role that language plays in the dominant social cultural discourse must be challenged as well in order for not only women and girls to begin having new and proper way of describing consensual sexual encounters by consenting adults, but also for men and boys. The following section discusses the function that power plays in creating knowledge.

Power

The notion of power is extremely important in the study of IPV. It would be difficult to understand IPV without examining and understanding the role of power. Power is defined as “possession of control, authority or influence over others” (Webster dictionary). Power exists when there is inequity in the distribution of influence. So, a critical task for me as researcher is to understand power as I seek to explore the lives of women in Haiti who survive IPV. Michel Foucault’s depiction of power is a prime example of its use and distribution. Foucault immersed himself in learning many things

along to include the western society and the notion of power and knowledge. Freedman & Combs (1996), pointed out that Foucault considered language as an instrument of power and that societal power is held proportionately to an individual's ability to be a part of the conversation that shape society. Foucault is said to have firmly believed and advocated that "knowledge is power" (Fillingham, 1993, p. 7). He argued that since language is very powerful, those who speak the loudest are heard and are thereby able to create discourse. He then concluded "those who control discourse control knowledge" (Freedman & Combs, 1996, p. 38). This is in keeping with Foucault's notion of two types of power (i.e., traditional & modern). Traditional power is explained as certain rules that are imposed by entities, and thereby, individuals of a certain society must abide by them. Modern power is explained as self-imposed rules. This power is said to be positive and constructive as it is not power reliant upon prohibitions (Foucault, 1980). Foucault has pointed out that modern power was not based from the top down, but rather from the inside out. He pointed out that that the form of power practiced at the everyday level is often taken for granted (Foucault, 1979). In my opinion Foucault's notion of modern power represents a third of the population of Haitian women who currently believe that men have the right to beat their wives.

IPV

According to Castique & Furegato (2006) violence is derived the Latin word *vis*, which means using physical force against another person. Whereby, violence against spouses or partners is referred to as "intimate partner violence" (Toro-Alfonse & Rodriguez-Madera, 2004). IPV is defined as "violence or aggression that occurs in a close relationship" (CDC, 2015). The CDC (2015) further explains that instances of IPV

occur on a continuum, from a single episode to chronic long lasting consequences. IPV is separated into four types of behaviors. The first type is physical violence. It occurs with the use of any physical force such as, but not limited to, hitting, and kicking. The second type of behavior is sexual violence. This includes any non-consenting sexual acts by a partner. The next type of behavior classified as IPV is stalking, which can be identified as unwanted and/or repeated attention towards a partner where is fear or intimidation is involved and thereby comprises safety. The fourth and final category of behaviors is psychological aggression. This occurs when verbal or non-verbal communication designed to harm another person mentally/emotionally. Understandably, IPV is currently understood as a public health epidemic that impacts developed as well as undeveloped nations.

Overview of IPV

IPV is not only a public health problem, but also a fundamental violation against women's right (World Health Organization, 2013). IPV can occur on a continuum determined by frequency and severity; it is reported that in the U.S. 1 in 5 women equating to 22.3 percent of women report severe IPV and about one third report mild IPV during their lifetime (CDC, 2015). The annual cost of IPV to women is calculated to be more than 8 billion dollars due to medical health care and lost wages, which further compounds differences in economic power between the sexes (Max, Rice, Finkelstein, Bardwell, & Leadbetter, 2004). Unfortunately, this 8 billion dollar figure does not include the cost of exposure to children. With episodes of IPV which occur in the home, it is estimated that 15.5 million children are exposed to violence each year (McDonald, Jouriles, Ramisetty-Mikler, Cactono & Green, 2006).

History of IPV

IPV can be traced back to the medieval Europe where husband had the right to “chastise,” – that is to physically discipline their wives, maids and apprentices (Salisbury, et al., 2002). It is prevalent in all cultures, and has been a part of all civilizations (Elizabeth et al., 2002). Hattery (2009) reviewed some of the earliest research on IPV and found that in the United States, changes in policy of IPV traced to the 1970s. The first law against such violence came out of the second wave of feminism in the late 1970s and early 1980s, and this resulted in the introduction of “shelters for battered women” (Hattery, 2009). Although, there are “laws,” “protection,” and “resources,” Hattery further highlighted that, “women’s shelters are outnumbered three to one by shelters for abandoned animals” (Hattery, 2009, p. 13). Hence, even in a developed nation like the United States of America, resources for battered women are lacking when compared to those for animals who have been mistreated.

The concept of IPV has gained increased exposure in the way that it has been viewed over time due in part to the evolution of terminology. In the 1970s, IPV was referred to as “wife battering,” soon after, people began referring to IPV as “domestic violence,” before arriving at the intimate partner violence name (Zillmer & Bhandari, 2012). IPV also evolved into a medical issue. Initially there was cultural awareness as a social issue. This transitioned to IPV being recognized as a health issue, with the development of now established patient care policies in the realm of orthopedic medicine (Bhandari, Dosanjh, Tornetta, Matthews, 2006; Zillmer, 2000). IPV has roots in the medieval era. It is depicted in images in the 1582 edition of the 13th century Regimen

Sanitasis Salernitanum (Salernitan Regimen of Health), also showed domestic violence on display and was reported to have been present in medieval and early modern Europe; however, it was believed that this matter was an individual and largely private matter.

Intersectionality and IPV

According to the Oxford Dictionary, Intersectionality can be defined as “the interconnectedness of social categorizations such as race, class, and gender as they apply to a given individual, or group regarded as creating overlapping and interdependent systems of discrimination or disadvantage.” The term intersectionality came from the work of Kimberlé Crenshaw, who coined it in a 1989 paper. Kimberlé Crenshaw was a law professor and social theorist. Intersectionality is essential when looking at IPV, because it plays a vital role in helping to view the many interlocking forms of oppression and discrimination faced by a given group. IPV is not only connected to gender, but also as mentioned above to race, class and other types of discrimination. Phillips (1998) states “a middle-class, African American heterosexual Christian woman is not just African American, not just middle-class, not just Christian, and not just female. Instead her life is located at the intersection of these dimensions” (p. 682). Oftentimes, women who experience IPV face the reality of being victimized not only by their intimate partners, but also by the society in which they live in. In other words, these very women could actually be victimized because of aspects of their life over which they have no control, such as their race, their gender, or their social class. Consequently, these oppressive dimensions of victims make it much harder for a population that is already marginalized to tell their stories. To make matters worse, such systems have historically viewed women from certain ethnic backgrounds as “not credible victims” (West, 2002). The

brutal history of sexual violence against black women during the slavery period, and other events lived by victims of IPV continue, “to live in the collection memory of African Americans” (West, 2004, p. 1491).

Gender and IPV

Social cultural discourses around IPV are problematic in most, if not all, communities. Hattery (2009) posits that IPV is promoted in the dichotomous ways of viewing “masculinity” versus “femininity.” She goes on to say that this is punctuated by language in the various expressions used by the American culture when describing masculinity, (i.e., men’s men, manly men, or macho man). Additionally, the culture’s frame of reference, as to what characteristics constitute a “manly man,” are often viewed as “successful, affluent, strong, and good looking” (p. 80). On the contrary, femininity is the direct opposite of masculinity where women are expected to be nurturing, passive, and submissive. This is in line with the saying “a good wife always knows her place.” The American culture is so vast that, the social-cultural discourse of masculinity and femininity can certainly vary by community, and different ethnic groups. In the Haitian culture, the social discourse has to do more with the power that stems from the patriarchal system to the legal systems that are in place. The weight that power holds in constructing what it means to be a man versus woman is imperative. Women have internalized this, which leads to behaviors where they have learned to not let their VWA be heard because of their social conditioning to not have a say so. Gage (2005) states that, “power and control are widely believed to frequently underline intimate partner violence. One perspective is that the more resources—social, personal and economic—that a person can command, the more force that he or she can muster” (p.344). A study conducted by

Hindin and Adair (2002) suggest that the more men dominate in decision making in the Haitian culture, the more likely it is that intimate partner violence will be present.

Social Class

Social class can be defined as the division of a society based on social and economic status. Social class, however, can be more than how much money one has, the types of school one attends, and one's geographical location. Social class can be defined differently based on who is defining it. When it comes to IPV, social class is one aspect worth consideration.

IPV is common among all socioeconomic settings (WHO, 2012). At present, there is an overwhelming body of research in sociology depicting the intersectionality between race and class. No one individual or class is safe from IPV. According to Renzetti (2009) "no one is protected by virtue of their class or race privilege" (p.1). However, Davidson (1978) suggests there is a significant relationship between IPV and lower socioeconomic status. Even though, IPV is occurring in all social groups, much of the literature focuses generally on communities of low socioeconomic statuses. Renzetti (2009) credits the disproportion of the relationship between social class and IPV to the fact that, research does show an inverse where rates of social class tend to go down as social class goes up.

Race

IPV is notorious in communities of color people. This notoriety is due to the higher level of reports of instances of IPV in African American women and men as compared to White men and women (Casey et al., 2008). Casey et al. (2008) went further to note that African American or black women "were 1.23 times more likely to undergo

minor IPV and 2.36 times more likely to endure severe IPV than Caucasian” (p. 51).

There are several theories as to why instances of IPV are so prevalent in African American communities. The feminist-political theory postulates that patriarchy and male dominance over women is a key contributor (Walker, 1979). However, Brice-Baker (1994) expresses even though, we do live in a patriarchal society, the generalization is limited when it comes to the African American community. In contrary, Brice-Baker made the point that overall, African American men are expected or taught to be bearer of such power by pointing out the differences in the socio-economic realm as compared to their White counterparts (Casey et al., 2008).

The position that African American men do not have power is questioned by other views where Hampton et al. (2003) postulate that both White and African American men are socialized similarly to believe that they hold genetic superiority over women. Currently, the existing research supports the notion that African American men, much like White men, agree with traditional gender roles (Canales, 2000; Wester, Vogel & Wei, 2006). Furthermore, Schmidt (2003) also stressed that masculinity and gender roles are highly associated with IPV across a multi-racial samples.

IPV and the African Diaspora

The African diaspora consisted of people of color from all over the world, including the Caribbean. It is imperative that the African diaspora is considered when looking at the contextual framework around IPV in Haiti. The U.S. Census Bureau (2001) estimate that 12 percent of the population, or 34 million people view themselves as African American, and this number is diversified as immigration from the Caribbean and Africa increase. Hence, this public health issue must also be looked at not only race, but

also by class (West, 2004). IPV affects black women “disproportionately” (Sabri et al., 2015). Sabri et al. (2015) further postulates that higher IPV rates and IPV crimes (i.e., murders) are reported in national representative studies among black women as compared to white women. Nevertheless, societal perceptions of victimization of black women play a vital role into how black victims of IPV are seen (West, 2002).

Caribbean and IPV

IPV is also present in Caribbean cultures. According to UN Women Caribbean, women and girls endure instances of violence daily. They labeled this violence as “the most common forms of insecurity facing citizens” (WHO, 2010). That insecurity was also reported in the UNDP Caribbean Human Development 2012, as “an urgent challenge of human development” (UNDP, 2012). Approximately one in three women from Caribbean countries will face violence in their lifetime, mostly at the hands of an intimate partner (Bott, Guedes, Goodwin & Mendoza, 2012). Similarly, the dominant discourse and overall themes in Caribbean countries have to do with the acceptance or tolerance of violence and gender norms (Sutton & Alvarez, 2016). Not surprisingly, there is limited available literature on violence against women in most Caribbean countries, but there is a great deal in the literature about the justification of violence against women. Sutton et al., (2016) reported that there is a correlation between the justification of violence and levels of IPV occurrence. Similarly to Haiti, the acceptance of violence against women is not only normalized by some men, but women tend to internalize acceptance and tolerance. In the study conducted by Sutton & Alvarez (2016), one in four men about 27.5 percent and 22.6 percent “approve or understand” that women need to be disciplined (p. 6).

IPV and Haiti

In Haiti, where IPV is commonly viewed as a private matter, legal protection for victims is scarce. According to the *Centre Haitien des Reserches et d'Actions pour la Promotion Feminine* (Haitian Center for Research and Action toward the Advancement of Women), to date, there are no specific laws against domestic violence that currently exist in Haiti. For that reason most intimate partner violence cases are never reported to the police. The lack of legal protection for victims shows the cultural implications of this matter and can be linked to the aforementioned saying “not to wash one’s dirty linen in public.” Nevertheless, the study did highlight that, there is one women’s shelter in all of Haiti named *KAY FANM*, there are at least two organizations that are working on women’s behalf and they are as follow: 1) Haitians Against Violence at Home (HAVH), and 2) *DWA FANM* (Women’s Rights). *Centre Haitien des Reserches et d'Actions pour la Promotion Feminine* (1996) also conducted a study where 7 out 10 women interviewed reported to have been victims of Domestic Violence. This study also indicated that women who had witnessed their fathers hitting their mothers were twice as likely to report experiencing physical or sexual violence (38%) than women who had not (17.1%). Additionally, 33 percent of the women interviewed believed that a man has the right to beat his wife and or partner. As sobering as the 33 percent of women from that study who believed that man in general has the right to beat a wife or domestic partner, the discourse in the culture suggests that it is a gross under estimation.

Feminist-Political Theory

The feminist-political theory is defined as a subsection of feminist theory. This subsection focuses on critiquing and understanding the way in which political constructions tend to leave out women's issues (McAfee, 2014; Watson, 2013). The theory in question stressed that, the notions of classism and racism against African American men play a role in the way in which they choose to display their "manhood" (Majors & Billson, 1994). Some researches even suggest that in trying to keep up with certain constructed identities through stereotypical roles (i.e., playa, gangsta, hustler), which are also associated violence and promiscuity (Majors & Billson, 1993; Oliver, 2006), IPV is more likely to occur.

Several factors have been examined within the theory in question to include first, the impact of macro-structural where such researchers have attributed the higher levels of reports of IPV in the African American community to the proportion of African Americans living in poverty (Casey et al., 2008). Secondly, *impact of stereotypes*, which are beliefs held by American society about what femininity should look like (i.e., fragile, delicate) and the ways that African American or women of color are not believed to meet such criteria as society tends to view women of color as "non-feminine, independent and overpowering" (Asbury, 1987; Bell & Mattis, 2000; Brice-Baker, 1994). In addition, viewing women of color through the lens of "black superwoman" (Mattis, 2000) also suggested that the consequence of another stereotype often associated with women of color (their ability to cope with whatever is thrown their way due to resiliency and strength factors) is the increase in frequency of them experiencing IPV victimization (Asbury, 1987; Bell & Mattis, 2000; Brice-baker, 1994).

Thirdly, impact of mass media and popular culture, is the social perception of people of color portrayed in a negative and derogatory way (Littlefield, 2008). Some light has been shed on the impact of popular culture, especially cultural-level phenomena within the African American community on IPV (Johnson, Adams, Ashburn, & Reed, 1995). It is suggested “gangster rap music,” and other types of derogatory music have contributed to the way in which women are treated (Bell & Mattis, 2000). Nevertheless, others have argued that, rap music is only meant to entertain (Kelley, 1997). Even though some of the contributing factors are being explored in the existing body of literature, to date, IPV of persons of color is largely viewed and treated through the “worldview of Caucasian women” (Casey et al., 2008).

IPV Treatments Across Various Disciplines

For a very long time, IPV has been seen and treated by various disciplines through the lens of traditional treatment for the “male batterer.” The context of this treatment is where “male batterers” are mandated to attend intervention programs designed for male-only, or at best, services that support women victims. Male-batterer interventions have been in use as therapeutic and educational tool for groups for IPV since the late 1970s (Department of Public Health, 2001). However, based on evaluation research conducted on this form of intervention programs, it said to be moderately successful at preventing further violence towards women (Gondolf, 2002a; Saunders, 1996). Although this way of looking at IPV has been “helpful,” to some extent, Goodrum et al. (2001) state that, “existing research focuses on men who batter is that very little has focused on the batterer’s perceptions of the violence they engage in” (p. 221).

Other treatment modalities to addressing IPV include Cognitive Behavioral Therapy (CBT). CBT is considered efficacious when focused on skills training, anger management and psycho-education training (Adams, 1998). The CBT approach is also effective when used to promote safety, empowerment and interpersonal skills (Johnson & Zlotnick, 2009). CBT is divided into two treatment interventions: 1) the Cognitive Trauma Therapy for Battered Women (CTT-BW), where the target population is PTSD (Kubany et al., 2003, 2004); and 2) the Helping to Overcome PTSD through Empowerment (HOPE) program (Johnson et al., 2011). This lack of focus on perception of the batterer is linked to the shortage of relational dynamics being looked at as part of the intervention provided. As a result, there appears to be a need for clinicians alike to begin to look at this phenomenon through a lens that would provide greater clarity to this dire health problem. For far too long, IPV interventions are designed in a “one size fits all” fashion (Buttel & Carney, 2006; Buttel & Pike, 2003; Gondolf, 1999, 2004), while ignoring cultural differences.

Thus, having the VWA Relational/Educational Intervention Program guided by the practices of Narrative Therapy help bring such clarity in a culturally sensitive way.

Narrative Therapy Assumptions

For the purpose of this study, Narrative therapy is the chosen therapy model to help address IPV in Haiti. It operates under the assumptions that personal experiences are ambiguous, reality is shaped through the language used to describe and create meaning to it, realities are constructed through language, realities are organized and maintained through narrative, and that there are no essential truths (Freeman & Combs, 1996, p. 22). Narrative therapy is thus organized around the notion that individuals organize their lives

through stories, that these stories in turn organize their experiences, and that these storied experiences shape their behaviors. Oftentimes, the stories people tell themselves are based on messages received from society or their families (beliefs, values, and practices based on dominant social culture). Narrative therapy, however, seeks to separate people from their problems by coining the saying “the problem is the problem; the person is not the problem” (White, 1990).

Narrative Therapy Concepts

Narrative Therapy concepts include but are not limited to deconstruction, externalization, unique outcomes, dominant discourse or problem saturated talks, alternative stories or re-authoring, landscape of action and landscape of consciousness. Throughout the existing literature, the dominant discourses about IPV seem to focus on how society at large has been viewing the functions of men versus women, and how these societal views have shaped people’s reality and meaning about IPV. Thus, these culturally generated stories of what it means to be a “man” or “woman,” are used to coordinate social behaviors through the use of power and control given to a particular gender. In narrative therapy practices the concept of “deconstruction” can be used to break apart these societal and cultural definitions. According to Michael White’s “loose definition,” of deconstruction has to do with procedures that subvert taken-for-granted realities and practices; those so called truths that are split off from conditions and the context of their production, those disembodied ways of speaking that hide their biases and prejudices, and those familiar practices of self and of relationship that are subjugating of persons lives” (White, 1991, p. 121).

Consequently, the deconstruction process can be viewed as a means to help break apart constructed problematic beliefs often internalized by both victims and perpetrators. Deconstruction is further explained by Michael White (1991), in a critical constructivist way where it is believed that people make meaning of their lives based on their lived experiences and within their cultural and social context. Because of this, the meaning making in their lives needs “unpacking” (Freedman & Combs, 1996). Thus, utilization of this model helps ask questions in the form of what conclusions these women make about their relationships due to the problematic beliefs that govern their lives.

Externalization

Externalization or externalizing conversations are a part of the deconstruction process. White (1992) stated that externalizing conversations “are initiated by encouraging persons to provide an account of the effects of the problem on their lives” (p. 126). White went further to state that “externalizing conversations can provide an antidote to those internal understandings by objectifying the problem” (White, 2007, p. 9). Thus, externalization allows victims to begin to break away from self-blame and see IPV as an external entity where “the problem becomes the problem, not the person” (p.9). Externalizing conversations also allow for notions of power and control to be made as external since these concepts are socially constructed. Consequently, narrative therapy practices gives the freedom to ask *opening space questions*, which entails the process of identifying *unique outcome questions*, during times when the problem could have appeared, but did not. This vitally gives a Narrative practitioner a “point of entry for the development of alternative storylines” (White, 2007, p. 219).

Unique Outcomes

Externalization makes conversation possible for unique outcomes or *sparkling moments* that are inconsistent with the dominant narrative to come forth. Unique outcomes are described as experiences that “are out of phase with the plots or themes of the dominant stories of our lives and thus are not registered or given meaning to” (White, 2007, p. 219). These *sparkling moments* are highlighted through conversations that involve the who, how, what, and where in the hopes of giving meaning to neglected events that are deemed as unimportant. Highlighting unique outcomes with IPV victims is extremely important to help address aspects of themselves that have been overlooked. Given the importance of this practice, it is extremely important that clinicians using it remain “decentered” “which privileges the authorship of the people seeking consultation” (p. 220).

Once unique outcomes are identified the door is then open for re-authoring conversations. Re-authoring conversations allow individuals to retell their live stories, this time to include the “out of phase” or “neglected” events in their storylines (White, 2007). White further explained that “it is these unique outcomes or exceptions that provide a starting point for the re-authoring conversations. They provide a point of entry to the alternative storylines of people’s lives that, at the outset of these conversations, are barely visible” (2007, p. 61).

Summary

There is a large body of research on IPV in general; however, there is a paucity of research on IPV in the Haitian community, especially where women’s VWA are being privileged. Meanwhile IPV continues to jeopardize the health of Haitian women daily

(Gage, 2005; Gage & Hutchinson, 2006; Small et al., 2008). Consequently, this study aimed to understand the lived experiences of Haitian women who have endured IPV and how they managed to make sense of their experiences. My task was to use Interpretative Phenomenological Analysis (IPA) to help bring forth the VWA of these women.

This chapter provided an overview of the limited existing literature of IPV in the Haitian culture. It articulated and outlined the need to have womens' VWA be heard about their experiences with IPV. Chapter III further describes how the phenomenology design helps in understanding the "meaning and essence in knowledge" (Moustakas, 1994, p. 27) of the IPV phenomenon.

CHAPTER III: METHODOLOGY

This chapter outlines the methodology used to guide this research initiative. I explained my rationale for choosing the qualitative research method and particularly Phenomenological Research Design—Interpretative Phenomenological Analysis (IPA), which aims at providing a description of individuals everyday lived experiences, allows individuals to space to tell their story in their own words, and seeks to make sense of individuals' experiences (Smith & Osborn, 2003).

Qualitative Research Design

Qualitative research is the chosen method for this study as it builds research in context. Hays and Singh (2012) described qualitative research as “the study of a phenomenon or research topic in context” (p. 4). Creswell (2013) posits researchers conduct qualitative research when interested in exploring phenomenon “that cannot be easily measured, or hear silenced voices” (p.45). Thus, qualitative allows researchers to look for deeper, richer understanding of certain phenomenon. Such deep and rich understanding can be best achieved “by talking directly with people, going to their homes, or places of work, and allowing them to tell their stories” (Creswell, 2013, p.45). Creswell (2013) further posits that qualitative research is also an avenue used to “empower individuals to share their stories, hear their voices, and minimize the relationships that often exist between researcher and participants” (p.45). As a result, my goal was to interview women who experienced IPV within the cultural and contextual framework context of Haiti. This fits into the qualitative method design as Hays and Singh (2012) state “description, attention to process and collaboration within a social structure and within its people” (p. 4).

Phenomenological Research

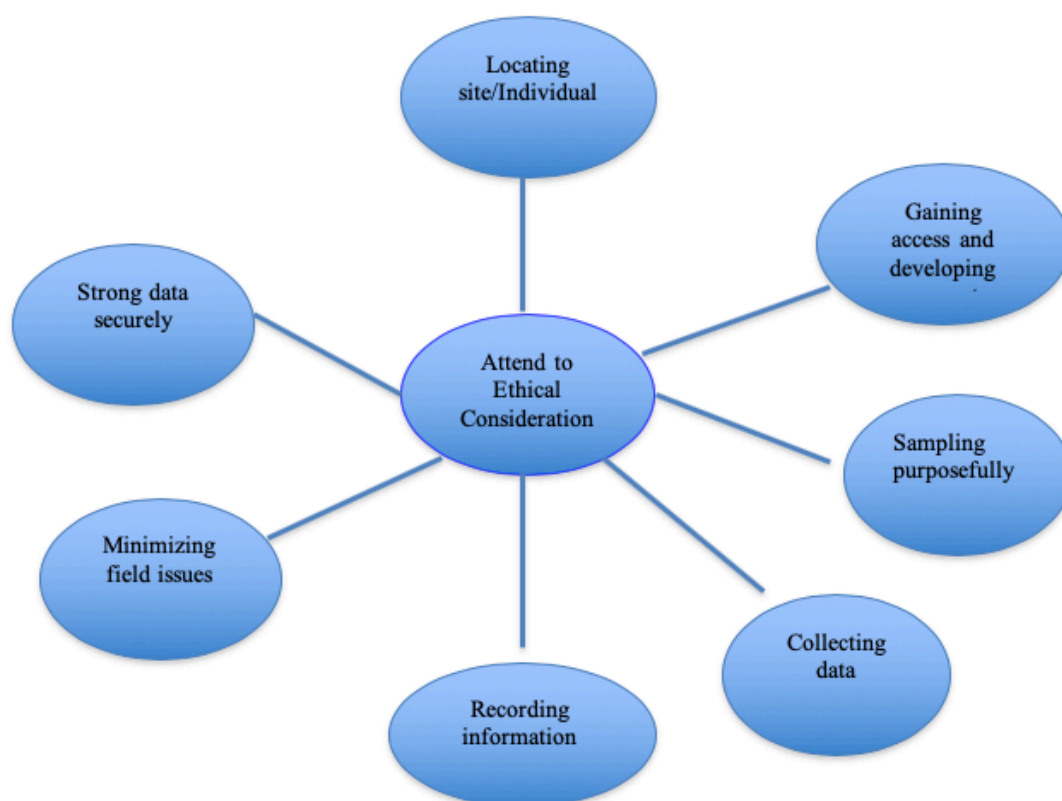
Phenomenology research is rooted in the work of German philosopher Edmund Husserl with the goal of wanting to understand the “meaning and essence in knowledge” (Moustakas, 1994, 27). There are many views of phenomenology. Creswell (2013) highlights the philosophical assumptions of phenomenology as “the study of the lived experiences of persons, the view that these experiences are conscious one, and the development of descriptions of the essences of these experiences, not explanations or analyses” (p.75). Phenomenology has four philosophical perspectives:

- *A return to the traditional tasks of philosophy*, which alludes to the time before empirical means of conducting research (scientism) came about.
- *A philosophy without presuppositions*, whereby the goal of this approach “is to suspend all judgments about what is real” (Creswell, 2013, p. 76).
- *The intentionality of consciousness* that is the extent to which consciousness is ever present when looking at a particular object.
- *The refusal of the subject-object dichotomy*, which is said to be “the reality of an object is only perceived within the meaning of the experience of an individual” (Creswell, 2013, p. 76).

Data Collection

Semi-structured and open-ended questions were used in a conversational style to interview 7 Haitian women who identified as IPV victims. All interviews were tape-recorded and varied in length from 50 to 60 minutes. One-to-one Interviews took place in a secure office at the shelter, Kay Fanm, in the same room for all participants. I made sure that all participants agreed to participate in the study on a voluntary basis. I also

ensured that the chosen participants were kept confidential from shelter staff. Chosen participants received additional counseling sessions as needed, to debrief their processes. Creswell (2013) highlights the steps to data collection in the diagram below, and which were followed to ensure that the data collection were done with fidelity and ethical considerations:



Shelter Overview

Kay Fanm is located in the capital city, Port-au-Prince, Haiti. Per a preliminary interview conducted with the director, Yvette Jeanty. *Kay Fanm* was originally founded in 1984. Magalie Marcelin was Haitian lawyer, who was born in Haiti and raised in Canada. The concept of the shelter started as a place to promote women's rights and advocacy, and transitioned into a battered women's shelter with a capacity to hold 25

women from 1996-2010. Sadly, the shelter was destroyed in the 2010 earthquake rated at 7.0 that rattled Port-au-Prince, Haiti. Per the current director, Yvette Jeanty, the shelter can no longer house battered women due to the extensive damages that it suffered from the earthquake. The shelter was re-located to a new location thanks to their new stakeholders *Freres des Hommes Swisse* (Brothers of Men). Under the guidance of Brothers of Men, Kay Fanm has created a new division named REVIV (to live again) where victims of sexual violence ages 0-17 are housed and receiving such as trauma-focused therapy, literacy and scholarship programs, food and clothing. Consequently, victims of IPV are currently commuting to receive services to include: psychological interventions (i.e., therapy) and mediation services (e.g., family and couple).

Participants

I partnered up with *Kay Fanm*, located in Port-au-Prince, Haiti. This shelter is believed to be the only shelter in all of Haiti to date (Gage, 2005). Here women between the ages of 20-40, who have identified as victims of IPV, receive IPV related services. These services include: (1) legal advocacy, (2) counseling, (3) mediation for spousal disputes, and (4) medical care. Participants were chosen from those women who received services at Kay Fanm. Participants were interviewed in the Creole language to ensure that they fully understood the semi-structured and open-ended interview questions. I translated the Creole interviews to English and then had an independent interpreter verify that all conversations were translated with fidelity. The director of Kay Fanm, Yvette Jeanty notified shelter personnel, residents, and commuters of the project, and I travelled to Haiti to meet with each participant. The study was explained further to each participant. I described the nature of the study, went over participation criteria,

reviewed risks and benefits to participants and shelter personnel, and provided my direct contact information to the participants who agreed to participate in the interviews. I gave each participant a Creole informed consent. The informed consent form included a clause that clearly stated there were no reimbursements for their participation in this study.

Inclusion Criteria

Seven women between ages of 20-40 years old were chosen to participate in this study. These women were commuters to Kay Fanm who received IPV related services, for either ending a romantic relationship where IPV was present or remaining in such a relationship. To ensure the safety of these women, available resources were assessed for the women who returned to abusive spouses. Women who did not receive services from Kay Fanm were deemed ineligible for this study, and therefore were not interviewed by this researcher. This was due in part that it was not clear to the researcher where they would find the needed support (i.e., counseling, and support group) after engaging in interviews that would have brought forth feelings of discomfort. Also, these women would have been at a higher safety risk if they were not already receiving IPV related help/recourses.

Research Analysis

Interpretative Phenomenological Analysis (IPA) seeks to understand the lived experiences surrounding a particular phenomenon and how those who have lived through these experiences make sense of such experiences. Another central focused of IPA is looking at the meanings ascribed to those experiences (Giorgi & Giorgi, 2007). Consequently, IPA allowed the chosen commuter participants from the Kay Fanm shelter to tell their story in their own words, which helped them make sense of their lived

experience. After completing the interviews, the data analysis consisted of the following steps:

- Reading through the transcripts several times—immersing oneself in the original data.
- Initial noting—exploring content (i.e., writing notes).
- Developing emergent themes—Identifying sentences or phrases that stand out that relate directly to the experience.
- Searching for connection across emergent themes—formulating meanings and clusters into themes for all participants.
- Moving to the next case—trying to bracket previous themes and stay open-minded in order to do justice to the individuality of each new case.
- Integrating the results into an in-depth description of the phenomenon
- Validating the participants and including participants' remarks in the final description (Creswell, 2013, p. 115; Smith et al., 2009).

Sample Interview Questions

Semi-structured/Open-ended Questions:

- Define your experience with IPV?
- How do you understand your experiences with IPV?
- If you could draw a picture of what IPV has represented in your life, what would that picture look like?
- What was your first experience with IPV?
- Tell me of a story passed down in your family about IPV?
- What are your thoughts about Haiti and IPV?

- What have you believed about yourself through your relationship with IPV?
- What are your hopes for the future related to IPV?

Ethical Concerns

Once I received approval from the Institutional Review Board (IRB), I travelled to Haiti and conducted the interviews as proposed. I remained cognizant of the safety and wellbeing of the participants by addressing ethical concerns and potential risks to participants by making sure that informed consent forms were signed in a meet and greet with each participant. I abided by the IRB rules and regulations from the two countries that were involved in the study (Port-au-Prince, Haiti, *Kay Fanm*; Florida, USA, Nova Southeastern University). I followed the code of ethics of the American Association of Marriage and Family Therapy (AAMFT), and Health Insurance Portability & Accountability Act (HIPAA). Once all of the ethical requirements were met, I transcribed, coded, and analyzed the data. To minimize potential risks to the participants who were eligible to participate in this study, as a licensed practitioner I checked in each participant periodically regarding their state of mind to continue with the interview. Upon receiving the green light by each participant I proceeded with the interviews. Additional Resources were provided by Kay Fanm and were listed in the informed consent form. These resources were made available in the event that the participants needed additional support after the interview and initial debriefing with this Clinician.

Research Bias and Safe Guards

Given that I have always been very passionate about this subject matter, I remained mindful of thought processes, feelings and emotions by keeping a reflective journal as each interview was conducted. As mentioned earlier, I remained cognizant

about personal biases and managed them as best as possible. As a qualitative researcher, the concept of “*epoche*” was used to attend to my personal biases, and my reactions, feelings and emotions were recorded during and throughout the interviewing process.

In keeping with IPA, member checking was used where participants were given the opportunity to review the transcribed and coded report to determine if data was accurate (Harper & Cole, 2012). Given the geographical complexities of this study, follow up interviews were conducted for at least 30 minutes with each participant to check for accuracy in the transcribed data and to ensure that, the research findings were credible. The follow up interviews also took place at Kay Fanm within a couple of days of the initial interviews. By doing this vital step—member checking, I made sure that the participants’ VWA remained front and center with high accuracy.

CHAPTER IV: RESEARCH FINDINGS AND DISCUSSIONS

This chapter highlighted the findings of the interviews conducted with seven participants who experienced IPV in Haiti. Five themes emerged from the conversations with the women. These themes were: identity of self, courage, lack of protection, vulnerable self, and resilient self. In this chapter I provided information about the importance to hear the (VWA) voices of these courageous women in order to fully understand their lived experiences, and the meanings ascribed to those experiences. This chapter further highlighted the findings and analysis of each participant's experiences with IPV.

I used general questions to build rapport with each participant. Open-ended questions were used to best capture the fullness of the participants' lived experiences with IPV, as well as to understand the importance to have their voices be heard. The Interpretative Phenomenology Analysis (IPA) method was used to help better understand each participant's individual experiences with IPV. Following the tenets of IPA, I went over the participants' profile, which is an overview of each participant's demographic information, and then the analysis of each of the six steps pertaining to IPA with the data collected.

Participant Profiles

Participants for this study were recruited from a shelter in Port-au-Prince, Haiti named Kay Fanm. Pseudonyms were assigned to participants to de-identify them. The participants represented different age groups, but were all born and raised in various parts of Haiti. This study was designed solely to hear the voices of courageous women in Haiti who have endured IPV. Having this inclusion criteria allowed me to truly capture the

lived experiences of women who were born and raised in Haiti and are currently living in Haiti. In addition, the participants were required to be receiving services at Kay Fanm and participate in therapy to process their experiences prior to enrolling in this study.

I met and interviewed 7 women in Haiti for this study. I remained in the investigator position instead of that of a therapist by utilizing bracketing throughout the interviews. Upon completing the interviews, I debriefed the essences of the interviews with my chair, and kept a personal journal to note thoughts and reflections after each interview. In this next section, I provided in depth information about each participant, the emerging themes and the findings:

Participant 1: Sheila is a 32-year-old Haitian woman who was born in Archaie, Haiti. Sheila is the youngest of five. Sheila met her now estranged husband who is 20 years her senior when she was 20 years old. Sheila has been married for a little over 12 years. Sheila has two daughters, both of whom have witnessed intimate partner violence in the home. Sheila began enduring both physical and verbal abuse from her now estranged husband soon after she agreed to marry him, despite protest from her family. Sheila's husband banned her from continuing education, and as a result, is now in the 11th grade. Sheila went back to school upon finally leaving her husband after many failed attempts. Sheila described the various forms of physical violence that she endured quite often from her much older husband. Sheila described her experiences as gruesome and recalled to have been hit so hard in the head during a "regular beating" that a yellow substance came out of her nose. Sheila had many scars in her forearms, legs, and some scrapes on her face. Local law enforcements were called several times, but often told Sheila to straighten her act out. Sheila attempted to commit suicide three times, but was

saved by bystanders.

Participant 2: Marthe is a 32-year-old Haitian woman who was born in Cressier, Haiti. Marthe was the second of two girls. Marthe's mother died when she was 2 years old and was left as an orphan who was in the care of her maternal aunt. Marthe was considered as a "*rèstavèk*" meaning "a live in house girl," as she was in charge of taking of her aunt's house home. Martha began experiencing abuse while in the care of the aunt. Marthe experienced being hit in the head with an empty bottle by her aunt. Despite being treated very poorly, Marthe stayed, as she had nowhere to go. Marthe's aunt eventually threw her out of the house after completed the 6th grade. Martha became homeless and began sleeping in abandoned cars in her neighborhood. Marthe met her domestic partner at the age of 12 years old when the partner was already in his 30's. Marthe agreed to become intimate with the much older man, because he used to listen to her and bring her food while living in abandoned cars. Marthe began experiencing physical violence from her partner soon after becoming pregnant with her first child. Marthe was frequently hit, mainly in the head and face. Marthe was constantly reminded that she was an orphan and that she was a "*kokorat*" meaning a "nobody." Marthe and that domestic partner have two daughters. Marthe's partner died few years ago. Marthe's two daughters are in the care of their paternal grandparents, as she continues to live in with people as in return she cooks, cleans and washes clothes for them. Marthe had never involved law enforcement in her case, as she felt too low for police to care for her. Marthe attempted suicide twice.

Participant 3: Violane is a 40-year-old Haitian woman who was born in Port-au-Prince, Haiti. Violane is the second oldest out of 8 kids. Marie Violane has six children and been married for 22 years to a pastor. Violane began enduring both physical and

verbal abuse while she was dating her husband. Violane spent her wedding night alone, as her husband went to spend the night with one of his paramours. Violane's family was against the relationship and warned her that the relationship would not be a healthy one. Violane described the extent of the physical abuse she has endure as being hit in the head with a lamp, being punched in the face, being hit with objects to include woods, belts, and among others. Violane made several reports to local police but nothing was done. Violane's six kids have all witnessed IPV. Violane reported being ridiculed by her husband when she expressed the desire to go back to school. Violane received many beatings for going to school behind her husband's back. Violane's self-esteem was at an all-time low when she decided to seek help. Violane went to the minister of women's affair who referred her to *Kay Fanm*. Violane attempted suicide at least two times early on in her marriage. Violence has been receiving counseling at *Kay Fanm* for more than a decade regarding intimate partner violence in her relationship. Violane now sees herself as an advocate for women, as she has a mission to help other women denounce violence against them.

Participant 4: Marie is a 38-year-old Haitian woman who was born in Port-au-Prince, Haiti. Marie is one of five siblings. Marie does not currently have a close relationship with members of her family, as they do not approve of her relationship with her husband. Marie has been married for 16 years now. Violence entered Marie's marriage soon after getting married when Marie who has several degrees could not find a job. Marie's husband was doing many side jobs, but was not enough to meet the family's needs. Marie gave up hope of getting a job in her fields of study and began a small business. Marie would borrow money from local banks with interests to buy and sell

goods as she tries to make ends meet. Marie's recalled getting one of the worst beatings after returning from a bank to make payments on her loans. Marie's husband accused her coming from sleeping with other men and broke a glass vase in her head. Marie was referred to Kay Fanm where she received advocacy help in the form of accompanying her to make a police report and taking her to a hospital to receive medical attention. Marie continues to live in the same home with her husband.

Participant 5: Rose is a 32-year-old Haitian woman who was born in Port-au-Prince, Haiti. Rose is married to her husband for 10 years now. Rose is the eldest of four siblings. Rose has two sons and one daughter. Rose met her husband at her job and fell madly in love. 6 months into the marriage, violence entered the marriage after both Rose and her husband lost their jobs. The extent of violence that Rose endured included getting slapped, pushed, kicked, spat on, and hit with hands and foreign objects. Rose considered committing suicide on several occasions, and recalled one day, when her husband caught her trying to hang herself and called her kids over to watch her. Rose felt humiliated as she watched the horror on her children's face. Rose has attempted many times to leave the marriage unsuccessfully. She recalled that was beaten so badly on the night of her birthday after her husband failed to take her out. She decided to go sit at the bar and had a drink. Upon arriving home, the gate was locked and Rose could not enter. She persisted by knocking harder on the main gate until her husband met with a metal pipe and broke her right arm. Rose has never formally made police reports, as she feared that nothing would come out of it. Rose is now separated from her husband, since the episode where he broke her arm.

Participant 6: Leanne is a Haitian woman who was born in Haiti, but grew up in Morocco. The desire for Leanne to come live in Haiti grew when her mother and father passed away. Soon after she decided to come to Haiti to live her cousin. Leanne fell in love with a Haitian man and became pregnant by him. A 14-year-old daughter resulted from that union. Unfortunately, her relationship with the daughter's father did not work out. Leanne then fell in love with a man she called her "everything." This man happened to be a police officer. Violence was present in the relationship in the dating phase of the relationship. Although, Leanne felt torn, because while living in Morocco, she had never witnessed spousal violence between her mother and father. She reported feeling trapped, due to the fact that she had a daughter to feed and a man who had a stable job. Hence, Leanne married the police officer and has been married now for 10 years.

Leanne endured physical, verbal, and emotional violence on a daily basis and never contacted the police, because her husband was the police chief. Leanne and the police chief have three kids together. Leanne's husband adopted by her daughter at the age of four years old. Last year, Leanne left the children in the care of her husband to come give birth of their son in the United States. Upon her return, her husband brutally bit her for apparently no reason. On top of that, she also found out, her husband sexually assaulted her 14-year-old-daughter at which point Leanne finally contacted the police. Leanne did eventually leave the home she shared with her husband along with her daughter and infant son while her husband kept the two middle children. Leanne's husband has fled the country with the aid of his US Visa.

Participant 7: Anna is a 35-year-old Haitian woman who was born Thiotte, Haiti. Anna lost her mother at a young age and found herself living with relatives. Anna was the youngest of three siblings. Anna began a relationship with a man who was 25 years her senior for means of survival. Violence was ever present in Anna's relationship from the dating as the man felt the need to discipline her. Anna's sister had her believe that a man shows love by disciplining a woman with physical and verbal force. Anna believed that for most of her life. Anna experienced violence in physical form where she would receive daily beatings (i.e., hit, kick, slap), verbal form (i.e., demean, name calling, accuse of infidelity, and told she is only good for sex) financially (i.e., withhold money for food for days, while expecting a cooked meal everyday).

Anna attempted suicide three times, and was severely beaten after each unsuccessful attempt. Anna reluctantly agreed to marry her domestic partner after he promised to treat her better and not bite her. The aforementioned types of abuse continued even after marrying Anna. Anna left the home she shared with her husband and went to stay with one of her sisters. After a couple of days, Anna's sister called her husband to come and get her, as the sister condemned Anna for fleeing the home of a man who provides food and shelter just because she was getting hit. Anna went back and suffered her worse beaten where she has hit in her head, face, where one of her eyes was badly injured, and all over her body. Anna's husband demanded sex from Anna that very night and threatened to kill her if she did not cooperate. Anna refused to perform sexual acts, which resulted in more beatings. Anna held on that night and almost died in the process.

Table 1

Participants Information

Participants	Place of Birth	Years of Marriage	Type of Violence Endured	Onset of Violence/years of Violence
Sheila	Archaie, HT	12 Years	Physical, verbal, emotional	After agreeing marry partner (12yrs)
Marthe	Cressier, HT	Never Married	Physical, Verbal, Emotional	While pregnant with first child (7yrs)
Violane	Port-au-Prince, HT	21 Years	Physical, Verbal, Emotional	During the dating phase (22yrs)
Marie	Port-au-Prince, HT	16 Years	Physical, Verbal, Emotional	Soon after getting married (15yrs)
Rose	Port-au-Prince, HT	10 Years	Physical, Verbal, Emotional	6 months into the marriage (9 ½ yrs)
Leanne	Port-au-Prince, HT	10 Years	Physical, Verbal, Emotional	During the dating phase (11yrs)
Anna	Thiotte, HT	10 Years	Physical, Sexual, Verbal, Emotional	During the dating phase (15yrs)

Analysis

Step 1: Reading and re-reading. The first step in an IPA analysis is the reading and re-reading process. This step is designed for researchers to immerse themselves in the collected data from the transcribed conversations with participants. According to Smith et al. (2009) the participants must remain the focus of the research. After transcribing the interviews in the Creole language, the transcripts were translated into the English language. I read and read the English transcripts and then listened to the Creole transcription to ensure that the data was translated with fidelity. I then I re-read the transcripts again.

Step 2: Initial noting. Step two in IPA involves initial noting where the researcher begins to give voice to internal questions such regarding the participants posture, attitude towards certain questions, tone of voice, level of comfort, and speech

volume (Smith et al., 2009). At this stage, I made sure to document any differences or variances in participants' demeanor as each question is posed and throughout the conversation. This process was repeated again during the reading and re-reading phase. Smith et al. denotes three processes that must be followed during this stage: (1) descriptive comments, by italicizing them (2) linguistic comments, are underlined and (3) conceptual comments are bolded (Smith et. al., 2009). In addition, these three processes are color-coded by the researcher. This step is illustrated in the interview with participant 1, Sheila in Table 2 below:

Table 2: Initial Comments

Comments during interviews	Researcher
Can you please tell how you and your husband met, and what the relationship was like before violence came in?	Comments
Well, I used to work as a caterer, and was booked for a job for a first communion via my mother. The mother of the child was a friend of my mother, but the child's mother was no longer in a relationship with the father who is now my husband. After the job was done, the child's father asked me to do him a favor and I did. A friendship was developed where he would ask me for help him out from time to time. After a while he told me that for all of the help that I have rendered him, he believed it's fitting that if he does something for my family financially. I told him, I don't understand, why do you feel the need to do financial deeds to my family. He told me that, you don't need to understand now, but you will in due time.	Felt a sense of shame and guilt when explaining how she and husband met. This was obvious hard for her.
So, he told you that you did not need to understand now.	She seemed genuinely confused even while talking about it.
Yes, but I found his statement to have been very bizarre. Funnily enough, a couple of days later he called me to bring something for him and when I got there, he told me that, he has thought about this long and hard and that, he wants me to become his wife. I was shocked and confused at the same time. I told him there are at least three reasons why I could never enter in a relationship with you. First of all, your ex-wife is my mother's friend, secondly, I am too young and still in school, and thirdly, I don't like you romantically at all. He replied and said, "well, I can understand your fear, but I guarantee you that the first two reasons are not really a problem, and	I wonder what would have happened if she told her mother about his statement?
	Does this mean she was trying to

<p>as for the third reason, you will love me with no problem.”</p> <p>What was your reaction to his explanation?</p> <p>Well, I could not comprehend it so much so that I consulted with a young friend of mine who told me that “I think he tells you that he can make you love him probably because he believes that his comportment can make you fall in love with him.” I said to my friend, oh that’s how you see it? After that conversation I did not tell anyone else and after a while I just see that I became crazy about him. Six months into the relationship he proposed to me. I initially turned down the proposal, but a couple of days later, all I want is to be with him, I no longer had I desire to stay in my parent’s house. It is at this point I became to realize he did some voodoo on me. When my mother heard about the relationship and the engagement she was so against it that she went to him personally and told him that you are not allow to marry my daughter, as she is too young and she needs to stay in school in finish her education. I walked in on the meeting and when I heard my mother’s declaration, I told her if she does not let me marry him, I will kill myself. I have an older who is residing the USA, I called her to tell and she told me the same thing, she does not agree for me to marry him; so I told her since you and mother won’t support me, I will then do everything by myself. As promised I went ahead with the wedding. No one showed up, it was just him and I. Unfortunately, as soon as we got home as husband and wife the abuse began.</p> <p>You mentioned that, you got home and the abuse began, can you tell me how the abuse began?</p> <p>After marrying him, I continued attending school and I was doing really well. He began by being verbally aggressive when it’s time for me to go to school. I took the state exam before transitioning to my next grade, and passed; he became angry and told me that I am no longer allowed to go to school. My parents tried to intervene by telling him that I am still young and very smart, to please let me continue to further my education and he told them “no way, as of today, she is not allowed to attend school.” He is very authoritarian, as he does not listen to nobody but himself; needless to say, he did not listen to my parents. After that meeting things took a turn for the worse, he began to treat me like his servant, I had no say so, because he was the one with the money, he made me cut all ties with my family. I remember there was this one time, my mother was very sick and I was not allowed to go visit her.</p>	<p>protect her mother’s relationship with the ex-wife?</p> <p>I wonder what role did voodoo play into their union?</p> <p>Voodoo is a practice that is often used to make in romantic relationships when love is absent in a given union.</p> <p>Felt that it was important that the type of abuse that she experienced was verbalized.</p> <p>Authoritarian attitude, well in keeping with the patriarchal system.</p> <p>Obeying, a means of survival.</p>
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Step 3: Developing emergent themes. This is where emergent themes get developed (Smith et al., 2009). In this step I began grouping emerging themes such as means of survival, protecting self and others, IPV is endured not escaped, courage, and resiliency. According to Smith et al. (2009) it is important that the researcher brings forth the main qualities of each theme on a case-by-case basis and in chronological order. This process essentially starts from the initial noting step up until all emergent themes are identified.

Step 4: Searching for connections across emergent themes. In this next step, the researcher looked for connections across all emergent themes, and put them in chronological order from the transcribed data. This step was vital in the sense that the researcher must show how each theme fits with one another thereby allowing the researcher to demonstrate significant aspects of each participants' responses (Smith et al., 2009). Emergent Themes were organized which helped this researcher to patterns or connections between each case. During this process Superordinate and subordinate themes are highlighted. Table 3 is served as an illustration of superordinate themes.

Table 3: Emergent and Superordinate Themes

Emergent Themes	Superordinate Themes
Courage	Survival
Lack of Protection	
Resiliency	
Empowerment	

Step 5: Moving to the next case. In this step, the researcher is required to move to the next case and repeat steps 1-4 for the new case. Smith et al. (2009) highlights the need for the researcher to allow for new emerging themes to emerge with each new case, and as result, the data must be treated independently during the analysis.

Step 6: Looking for patterns across cases. Upon completion of steps 1-5 for each case during the data analysis, this researcher looked for patterns across all cases and organized them in a table that consisted of superordinate and subordinate themes of each participant's lived experiences with IPV. In order to show the veracity of the IPA process, Smith et al. (2009) posed a series of questions that must be answered to ensure all patterns are identified across each case: (i) What connections exist across the cases? (ii) How does one theme from a case help highlight another case? (iii) What themes were most salient? Please see table 4 as a demonstration of identified patterns of superordinate and subordinate themes across all cases.

Table 4: Patterns across Cases

Superordinate Themes	Subordinate Themes
Identity of Self	The meaning of IPV
Courage	Means of Survival/Endurance
Lack of Protection	Law enforcement
Vulnerable Self	Society's frame of women
Resilient Self	The desire to live

Findings

Five major themes emerged from the participants' perception of their lived experiences with IPV, and the meanings they have ascribed to their experiences. Perception was not varied by age, however, meanings ascribed varied based on where participants were currently in their relationships. All participants reported IPV as ever present in their marriages, and inception can be traced from day one of their unions. For some participants the abuse was present even prior to agreeing to marry their husbands. IPV was present for 10 plus years for almost all participants. The average years of marriage were 12.25 and IPV was present in all marriages across all participants. All participants had experienced verbal, physical, emotional and sexual violence from their husbands. The five emergent and subordinated themes included identify of self on based on relationship with IPV: courage, a means of survival, lack of legal protection, no empowerment, and resilient-self as desire to live.

Identity of Self and Meanings Ascribed

All seven participants identified themselves only through the violence that they had experienced. All seven participants viewed themselves as not having value in the eyes of the abusers, as well in society. All participants reported feeling demeaned, invaluable, and nothing more than people who exist to please men. The following excerpts demonstrate how the participants identified themselves within this theme:

Sheila: My perception of my worth? That word does not exist in my vocabulary.

Hmm, well, I always believe that I was a no body, I think of myself as an

Altagrace. Women like myself are named *Altagrace*, which means you are a maid

who is totally dependent on the finances of a man. Your role as an *Altagrace* is to cook, clean, and give sex because there are no other functions for you in society.

Marie shared:

Researcher: What has your relationship with IPV have you think about yourself?

Marie: Well, for me, I see myself as being minimized (*minimize*). I think that when my husband beat me it is because he has found a weakness in me. I see myself as woman who should not have to receive beatings from a man.

[Crossover]

Researcher: Can you please tell me a little bit more about that?

Marie: I say that, because I am a well-educated woman, I have learned many trades, I have courage and I am young. I should be working and being able to provide for myself. I believe that if I was working, my husband would think twice about putting his arms on me. I say that because at that point I would be fulfilling the same role that he is currently fulfilling. However when you find yourself in a situation where the man is sole provider, it is much easier for that man to view you as his propriety, and therefore be able to beat up on you.

In the same way, Violane reported:

My perception of my worth is that, I feel small (*piti*) when enduring violence in my home, being kicked, slapped, pushed and embarrassed in front of people and yet alone my own children makes me feel small. In Haiti, there's something called *Altagrace* meaning someone who is only good enough to cook, clean and take care of the home. Sadly, for a long time that was how I define myself which led to me feeling even smaller. But now I am learning that a man has no right to put his

hands on me, I no longer feel small. Now, I am able to even distinguish when someone look at me a in a way that is not appropriate, or if even if the person is handing me money there's a way that it must be done, and knowing that makes me feel big (*gran*). I learned all of that through my Kay Fanm and by attending seminars. Educating myself is key as I continue to learn about my rights as a woman. After learning for me, I encourage other women to do the same. I believe I will not stop until every single woman knows her rights and demands to be treated like a human being. My hope is for women like myself to no longer feel small (*piti*), I encourage them to learn a trade in order to be able to provide for themselves and not be totally dependent on men.

Marthe stated:

This constant maltreatment made me believe that I was nothing more than a maid. I have been a maid my whole life. Even now as an adult my only function was to follow my partner's order, do household chores, and be ready to perform sexually even after beatings. So, I have never been viewed as person in this society. The way that I see it, my perception of myself is that I am good for nothing person who will always be maid. I have suffered violence as an orphan starting at a very young age and in my common law relationship as well. Someone like me have no perception of self, I am just a "*kokorat*" (little rascal, bum).

Leanne noted:

What worth? This country does not look at women at having self worth, you're just there, feeling low, and ashamed, because you know that there is no way out of this life. Imagine feeling like you are not a person (*ou pa moun*). I am sad because

I left Morocco to come live in my birth country and this is the reward that I get. Imagine, living in a house where you could not sleep for six months. I could not sleep because I was afraid for my life. My husband always had his gun ready to shoot should I decide to escape again. Also, My thoughts were, well, if I am not contributing nothing to society why live?

Similarly, Anna reported:

I grew up in the ghetto where violence was all around. I remember witnessing men beating up women with hand knuckles, throwing stones at them and all. So, losing my mother at the age of 10, I already knew that I would be nothing more than a no name, just another woman that men beat at their own pleasures. I had to go live with my stepfather at the age of 14, it was while in the care of my stepfather I met a man who was 22 years old and began a relationship with him. This man provided everything that I needed, so even though he was beating me, I saw it as him correcting me since he is older than me. My husband has called all sorts of name from a b*** to you're only good for sex. I knew then there would be no place in society for me. So, I see myself as a nobody (*mwēn pa anyen*). [crying] I do not believe that I worth anything (*mwēn pa vo anyen*) Can you imagine, I have never experienced a moment of happiness in my life, but sex.

The participants' perceptions of themselves were not favorable to say the least. They identified as "feeling low," "small," "like a nobody," "a maid or an Altagrace," or "just a sex object." The participants' perceptions of themselves are consistent with Gage et al. (2017) take on consequences of IPV to include "repressing women's voices and restricting their agency" (p.6).

Courage, A Means of Survival

Courage emerged as a superordinate theme that was present in all seven participants in this study. As this researcher analyzed the data, the subtheme that came forth was fighting with life (*goumen ak lavi*). This emerged as the participants talked about how they have been able to endure IPV for so long. The following excerpts show the emergence of this theme.

Violane noted in her narrative:

Yes, of course. Women need to know about their bodies, their worth and stuff like that. Having knowledge is powerful tool that makes me feel large and very large (*gran, trè gran*). Speaking to you today makes me feel large, because I am talking about my experiences and I am no longer ashamed about what my experiences. I have been fighting with life and for life since entering this marriage. Someone can wake me up out of my sleep and ask me about the type of violence that I have endured and will tell them I was pregnant and refused to sleep with my husband and he kicked me in stomach, I was going to school and he said women should not go to school, their place is in the home and hit me in the head with a light bulb, I can say all of that with confidence, because I have survived them and someday soon I hope is to live freely and happily. I vow to no longer be a complainant, the next time you see me, I hope to tell you that the divorce is finalized and I am free as I can be. Although, I have many people who are telling me, oh, you've endured 26 years, and now you want to leave, you need to muster up more courage to continue living your marital life.

Sheila stated:

I have laughed and cried all in this interview not because I am sad, but because my voice is finally being heard and I know that I matter. And to answer your question, my one word would be courage. I am a courageous woman because I have been fighting with life. Yes, courage, because for as much as I have suffered, I am still here. Even though at some point I thought that life was not worth living, but God preserved me. So, yes, I am a courageous woman and I pray that when my kids see me they see me as their courageous mommy. I wish to no longer see women being sidelined, because there is a lot that we can do, and finally, violence must be eradicated in our culture and especially violence towards women. All women should be respected regardless of educational status and financial means. After all, we are courageous women who have been fighting with life's challenges at every turn. I am a firm believer that where there is life, there is hope and until your head is caught off you have the hope of wearing hats (*toutan tèt poko koupe ou gen espwa mete chapo*).

Marthe shared that:

I am here only by God's grace. He has been my all despite all of the abuse endured. Now, my biggest battle is the fact that my children are currently residing with their paternal grandmother after the passing of their father. I have no access to them, if I need to see them, I have to stand in the street to briefly say hello. My own children that I birthed, I cannot see as I please, because I am still a domestic servant/maid "rèstavèk" working for people for food and a place to sleep. But I am hoping that one-day things will change. I am enduring whatever life throws at

me with courage, because of my two daughters.

Researcher: Enduring with courage, huh? Researcher: How have you been able to keep going despite the many instances that you have endured?

Marthe: Yes, with courage, because I have been fighting with life ever since I can remember, again, as a domestic servant “*rèstavèk*,” and in my relationship, so I cannot and won’t stop fighting now. I have to be strong for my two daughters and someday I will be able to provide for them. I promise [crying]...

A note worth mentioning here is that Marthe’s story is unique from the rest of the participants in the sense that she has experienced IPV and abuse as a *rèstavèk*. A *rèstavèk* is a domestic servant. Marthe worked as a maid her entire adult life after working as a *rèstavèk* from childhood after the death of her mother. It is important that the difference between a *rèstavèk* and a *bòn* is distinguished, in the hope of shedding light on the social implication of servitude in Haiti. On the other hand, a *bòn* is a “maid.” This is an adult who willingly does house work for an agreed upon pay and has the freedom to choose who she wants to work for. The term *bòn* is particular to women as a male counterpart is called a *jeran* or *gason lakou* (Creole for steward/men yard). Hence, there must be a distinction to not use the two terms interchangeably, as they have different meanings and social implications.

The term *rèstavèk*, or in the French language, “*rester avec*,” literally means, “to stay with.” A *rèstavèk* is a child whose parents are unable to meet his or her basic survival needs (i.e., food, shelter and etc.), and thereby sends him or her to stay with a host family—relatives or friends who are considered wealthy or perhaps even just less poor than the child’s parents. This system, much like IPV, is tolerated as it is considered

normal in the Haitian culture, and has been around for a very long time. According to Kennedy (2014) the practice of *rèstavèk* “is a form of child domestic slavery” (p. 756). To date, there are an estimated 150,000 to 500,000 *rèstavèks* in Haiti (Balsari, Lemery, Williams, & Nelson, 2010; Kennedy, 2014). *Rèstavèk* is thereby unpaid labor of children ranging from 5 years old to 17 years old in exchange to receive at least food and shelter. If these children are lucky, they are sometimes permitted to attend school in the evening after all household work is completed.

Anna stated:

I have endured sexual marathon from my husband while he is demeaning and cursing me out. I have endured beatings that lasted hours and hours. If I can paint a picture of what violence has represented in my life, you would see a tragic picture. [Crying...] [15:09-21:00] My own husband had me believed that I was only good for sex and had told me on a daily basis [crying]... because of that I hate sex with passion, just the thought of it makes me sick. The mental damages done to me by him make me not believing in myself.

Researcher: Do you still believe that you're only good for sex?

Anna: I am trying not to think like that anymore, but it's hard. If I did not still believe him, I would not have stayed with him for that long. But, I did leave and it took a lot of courage.

Researcher: hmm, a lot of courage.

Anna: Yes, a whole lot of courage, for me to have been experienced what I have been through and to still be alive, only courage can explain that.

Marie shared:

I have courage and I am young. I should be working and being able to provide for myself. I do not like to be so dependent on my husband for everything. That is why I would rather be a merchant then staying home and do nothing. So, I see myself as having a lot of courage and I am strong. We Haitian women, we are very courageous, we have strengths to combat with life, but we do not find the empowering tools that we need. For example, when I arrived to the place (shelter), there were a lot of women there and we talked among ourselves about our experiences with IPV and we took comfort in the fact that there are women like us who are no longer suffering in silence, but seeking help because we believe that we deserve better treatment from our husbands.

Rose said:

I am a courageous person, and I always take life as it comes. I had to develop a strong mindset while receiving the abuse from my husband, because being hit, demeaned, and embarrassed on a daily comes with a lot of trauma. In all honesty, I was not always strong. Things got so bad at one point that I tried to hang myself on numerous occasions. However, my children's sake I had to think differently, because if I die who will take care of them. So, instead of doing nothing, I found Kay Fanm, and having this treasure in Haiti has helped saved my life. [Crossover]

Researcher: Kay Fanm has helped saved your life, huh?

Rose: Yes, I say that because I now see myself as a courageous hero, and a combat. Also, seeing other women talking about their experiences and not be

ashamed has given me more courage to fight with life, but to also be a part of the change that is needed. Women need to feel heard, cared for and important in all societies, but most importantly, here in Haiti.

Leanne noted:

Believe it or not, enduring IPV has given more courage, because I know that I can face whatever adversity life throws my way. I had to acquire a certain level of mental toughness to continue to endure all sort of abuse and still remain strong for my children. My experiences put me in a position to educate my children much differently then most Haitian families. Given that I grew up in Morocco, where men did not have such power over women, for example, here in Haiti, a brother can beat his sister without regards to who is older. In Morocco, kids did not discipline kids. That was the job of the parents, but here male siblings and can their female counterparts. Here in Haiti, they take women like a thing (*bagay*), but not like an actual person.

The participants discussed at length the role that courage play in their existence. This theme was talked about in the metaphor of fighting with life as a means of survival for them. Courage also discussed in the context of going out of the norm of women not talking about their lived experiences with IPV, which they see as “setting them apart” from those who continue to suffer in silence.

Lack of Legal Protection and Overt Acceptance of IPV

Not having adequate legal protection in place for women who are experiencing IPV was another theme was came across from all participants. All of the participants talked about instances where police officers would further demean them or even laugh at them

when trying to file a complaint against their husbands or domestic partners. Participants received the clear message that their struggle either did not matter or it was a family affair where the legal system has no business being in. The following excerpts will highlight the participants' sentiments towards the role that the legal system plays into the continued and repeated acts of violence that women are enduring:

Sheila shared:

Well, for me men in Haiti hide under the pretext that the Bible says a woman must submit to her husband. In my opinion, men in Haiti take the word chief out of context and actually see as tyrant, and because they are tyrants it must be their way or the highway. And that attitude makes us women feel like we are nothing. When in fact, we are valuable members of society and there is a lot that we can do. That's what I think. And what makes it worse, is the fact that the police are doing nothing about it. My husband is known to pay police officers so that he can have the upper hand in our disputes. In this country, men do whatever they want. I remember waking up very determined to leave him one day. I took some clothing and personal items and went to my brother's house. When I got to his home, he asked me "what are you doing here?" I told him I exist, but not living life; financially things are well, but emotionally and sentimentally I am dead because nothing in my being likes this man. My brother replied, "oh, you know this a huge thing, you are already married, this is a big deal." Researcher: Was that the reaction you were expecting from your brother and what meaning did you attach to your brother having to call your husband, if any?

Sheila: I was hurt initially, but when I thought of the fact that my husband can put

an arrest warrant for me with any justice of peace, I told my brother, well go ahead and call him to let him know that I am with you. My brother went ahead and called right away and told him “not to worry Sheila is with me.” The next day, he came to my brother’s house before dawn with my father, a justice of peace, and the pastor of our church...

Anna shared:

I believe that domestic violence is so accepted in Haiti, because the culture does not provide protection for women. Women are viewed in a negative way; everything that is not good is for women. Women are treated like doormat (*yo wè fanm konn mach pye*). I know firsthand what it is like to depend on a man for everything so that and that lives you feeling you’re nothing (*pa anyen*).

Marthe reported that:

Violence against is so tolerated, because of the lack of willingness for the government or the police to intervene. There’s no support or empowerment for women like myself. The police would rather laugh at you then to take your complaint seriously. [Crossover...]

Researcher: Has that been your experience?

Marthe: No, not personally, but I have seen instances where the police would laugh at victims rather than helping them. They had to take mine seriously, because the one and only time I went to file a complaint was while accompanied by representatives from Kay Fanm.

Marie noted that:

Getting the police involved is pointless when they themselves believe that women

need to be disciplined. They do not take women for nothing (*yo pa pran fanm pou anyen*). I went to the police to do a follow-up on an incident that I reported even with my papers in hand the police ridiculed me (*polis la pase'm an tenten*).

Leanne shared that:

I did not get the police involved for a long time, because my husband was a police officer himself. So, I endured the abuse and maltreatment due to the fact that one no could help me. How do I go to the same police station that your husband is running, and state that he is abusing me? They would have looked at me like I was crazy. Also, when I get home I would have gotten it worse. He was so sure of it even he would laugh about it after beating me and taunt me to go to the police. I did contact the police after finally leaving him, because my 14-year-old daughter, who is his adopted daughter, told me that he raped her when I left her in his care while I went to give birth to our last son in the USA.

Vulnerable Self—Lack of Empowering and the Culture's Framing of Women

The theme of lack of empowerment (*ankadremman*) emerged for all participants as well. The participants' perceived the culture's framing of women as "second class citizens" as one of the main factors for the continued brutality towards them as they are enduring this epidemic. All participants talked candidly about the need for a change in society's view of women in Haiti. They further posed that a key part of that empowerment would need to be education, resources (i.e., jobs, positive outlook on women, and more services designed for women). The following excerpts will showcase the participants' perception of how they are viewed in the Haitian culture:

Marie noted her narrative as:

Researcher: So, for you, the power lies within the financial means that men have?

Marie: Yes, because I feel very low (*mwenn santi'm ba*). In actuality, I feel like I am not a part of society. I am extremely mad at my situation, because I feel that, it is not our faults as women, but because our Country has nothing for us to do. I think that our Country should have certain things in place for all women alike to be able to contribute our families, communities and society at large. Imagine, I have received degrees or certificates in investment banking, information technology and among other things; however, I have yet to work not even one day since completing these in 2002. So, in order for me to live and not cause more burdens for my husband, I have become a merchant, where I borrow money from banks to help me buy and sell goods. This was never my dream, but it is what I have to do to survive.

Researcher: You said all of this to show the need for more resources for Haitian women living in Haiti.

Marie: Yes, because we Haitian women, we are very courageous, we have strengths to combat with life, but we do not find the empowering tools that we need.

Researcher: So, the women are very courageous, but there is no empowerment...

Marie: Yes, most definitely.

Researcher: If the empowerment of women were to become a reality in Haiti, what would be different?

Marie: There would be a big change, because when the man sees that women have importance in society, he would not dare to demean, humiliate, or hit women

anymore. As things stand currently, men are responsible for the food, clothing, medical care and among others, this way of being creates a lack of respect for women. I truly believe that if I could provide more help to my husband, he would not have beating me.

Researcher: What I am hearing is that, based on your perception, if you were 'a better help,' violence would not be present in your current relationship?

Marie: Yes, women are the pillars of society in all aspects (*fanm se poto mitan nan tout sans*). We can do most things if not everything when given the opportunity.

Rose noted:

Haiti has nothing to offer women and in some instances men, too. So, that contributes greatly to the prevalence of IPV in Haiti. Imagine waking up not knowing what you are going to feed your children, for a parent that is extremely hard. So, I believe that men often take their frustrations out on women. In addition, having the police or really the government be neutral about it plays a big role into the continued abuse that women like myself are experiencing.

Marthe noted:

Violence against women will continue to plague Haiti if the government does not denounce it for what it is. Imagine in this day and age, there are people like myself who are only good for cooking and cleaning for others and that has been ourselves since we were born. I remember soon after passing my standardize exam for the 6th grade, the aunt who raised me gave me the certificate and told me that 'here's your diploma, you're grown now, you're done learning, now get out o

my house, because I myself did not reach that level' and kicked me out. This very aunt used to be the same one I used to help read while her own kids would not do it for her. Hence, I was kicked out and that's how my homeless life began [crying] [clearing throat]... My hope is to see all women stand up against violence of any sort. I believe if we're stick together we can see change even if it is not at 100%. I want to say no more violence (*aba vyolans*) for all women in Haiti.

Leanne stated:

Violence against is so tolerated in Haiti, because the culture makes it feel like it is your own fault that you are being abused. Violence is a common thing here in Haiti. People are just willing to accept it. I blame the mothers who have continued to treat their sons like kings and daughters like a different. I believe that a lot of the violence that is being perpetrated is because of that mentality. So, when men get into relationships they treat women the same way they were allowed to treat their sisters. Also, the overall sentiment that IPV, is a family affair, and thereby, the authorities won't even do anything about it. I tried to escape once, but when I got to the place where I was going to stay, I was sent back when they found out that my husband was a police officer. Anyways, I believe that there is a great need for education, information, jobs and resources. Meaning that women must be educated to know to fend for themselves, women must be viewed differently by society, and the government needs to take the issue of domestic violence seriously.

Anna reported:

For me it's always been about feeling trapped. Imagine having no education, no

family support, no opportunity to create something for myself, and no real justice system in place to help women like me. That leaves you feeling unprotected, worthless to society, not valid and excluded.

Sheila stated that:

Well, for me men in Haiti hide under the pretext that the Bible says a woman must submit to her husband. In my opinion, men in Haiti take the word chief out of context and actually see as tyrant, and because they are tyrants it must be their way or the highway. And that attitude makes us women feel like we are nothing. When in fact, we are valuable members of society and there is a lot that we can do. That's what I think. And what makes it worse, is the fact that the police are doing nothing about it.

Well, there a saying that says a wooden door is not to fight with a metal door (*pòt bwa pa goumen ak pòt fè*), meaning that, the stronger sex is always on top, as the inferior sex is always at the bottom. People like my husband just pay their way out, and women like myself just have to accept it because we do not have money or power.

Resilience

The participants in this study framed resilience as the will to live despite the hands they were dealt. The participants shared the significance of having their voices be heard, as women who were taught that violence is endured, not escaped. Gage et al., (2006), confirmed this sentiment in their research as well. The participants talked candidly about their personal strength for going against the dominant discourses of the Haitian culture's framing of women. All of the participants reported having gained

strengths by the knowledge they have acquired from their quests to go seek for better treatment from their spouses and from society as well. The following excerpts will showcase the participants' highlighted resiliency and strengths.

Marie noted that:

Marie: My strength comes from my determination and will to live period. It comes from knowing that as women we have value in society as evidenced by you coming to hear our voices about our experiences with IPV. I now know that, we are not second-class citizens, in reality, if we were to really know our value, we would find that we are much stronger than men. My strength also come from deciding to seek more information about are currently available in Haiti for women like myself. So, even though I do not have certain influences, but now, because I fall under the umbrella of Kay Fanm, I feel much more equipped to fend for myself all alone in silence. My message for women everywhere is to not suffer in silence anymore regardless of education, financial status and political affiliation to seek help, let their voices be heard, and show courage always. It is extremely important that women are seen for what we truly are beautiful creatures and all women are people (*bèl kweati e tout fanm se fanm*). I am urging the ministry of women affairs to have different ways of communicating the help that are available for women in Haiti. Whether it be via radio, television, workshops, and community gatherings.

Violane reported that:

I am determined to see that women live in a society free of violence. I became aware of domestic violence very early in life, as it was very prevalent in the

neighborhood that I grew up in. I used to always hear women crying in agony when being beaten, but I never personally witness it in my own family. The way that I see it, violence against women should have no place in any society. Women should raise their flags high to demand proper treatment in all society regardless of age, social rank, education, and financial means. I yearn the day where women everywhere in all society will feel protected and valued. Violence should be called by its name and for what it is. The way that I see it, all women are exposed and it does not matter if you are a president's wife, the wife of a prime minister, or a little merchant (*yon ti machann*) we all can suffer from this epidemic. My life long goal is to lead by example to show women what resiliency (*detèminasyon*) looks like, by continuing to denounce violence and advocate on my behalf as well on other women's behalf.

Sheila noted that:

I have suffered tremendously, but I have a lot of heart. I am determined to go through life with strength and courage, because I now know that change is possible and there are people who are interested in hearing about my experiences with IPV. I remember my first son told me recently that, he will never get married. I asked why and he said, "for what I have seen you endured, I will never get married as I don't to be responsible for treating another woman like you were treated." He went further to tell me that was the topic of discussion in his class and his teacher told him that, if you grow up in a household where violence was present, you will treat your spouse the same way. I looked at my son and cried, and told him what your teacher told you is true; however, I would hope that you

don't follow the same path as your father and I. I am encouraged to see you, as a Haitian woman like me doing big things like that. My hope is to someday become a Psychologist to help women who are enduring IPV like myself and to provide that safe space for them for their voices to be heard like you are doing for me right now.

Marthe reported that:

I am stronger than I give myself credit for. Enduring abuse as a young child and as an adult is no easy thing to overcome. I have relied on my faith in God to help me get through life. I feel bad for trying to kill myself at some point in my life because I did not know what else to do and I just wanted the hurting to stop. Now, I am determined to continue to fight with life because I have to take a name for myself to prove my family and society wrong. I am more than a maid (*rèstavèk*), I am a person, a woman who is strong, and tough as nails.

Leanne reported that:

I have a lot of resistance, strength and personal toughness. My mother raised me as a strong and independent individual. Giving up on my wellbeing and the wellbeing of my children is never an option. So, I am now fighting to have my two other children back, because when I left him, I left with my infant son, and my older daughter. My estranged husband has left Haiti, and with my daughter's birth certificate and as a result she cannot go to school, and on top of that not giving me my other two children. I know that he is trying to make me give up, but that won't happen. I am strong-minded and I will make sure to have justice be served for my daughter and get my kids back, even if it means coming

to the United States to have his visa be revoked. Given what he has done to me, I had to be very strong to survive his maltreatment. So, I am not given up.

Anna stated:

I feel so strong that I can think I can take on the world. I have gained my strength from God. I feel like a different person. I am determined to never let another man disrespect me in that way. I now know my worth, I may be broke, but I feel strong and alive. I am no longer the young girl who is just good for sex. At this point of my life, I am ready to never have sex another day in my life because I know there is more to live than that. So, yes, I am strong (*mwen fò*) more than strong (*plis ke fò*), I am super strong (*mwen trè fò*). I will no longer let another human being control my mind, body and worth in this way. With God as my help, I will conquer the world. I feel free now, having knowledge about my body, my worth, and value is all the wealth that I need. So, yes, call me resilient and tough [crying]

Researcher: Hmm, you're resilient and tough... [Crossover]

Anna: Yes, and now I can scream it to the world. [Crying] Don't let these tears fool you now they are tears of joy (*map kryie paske mwen kontan*), I am free (*mwen libere*).

The participants generated meanings through the social construction around IPV in the Haitian culture, and shaped their lived experiences based on the dominant discourses that are being promoted about what it means to be a woman in Haiti (Freedman & Combs, 1996; White, 2007). As hypothesized, many factors came into play when analyzing the meaning making process of the participants. First, the role that language plays in the way in which the participants described themselves. Secondly, the meanings they ascribed to

their lived experiences based on the overall attitude of the Haitian culture around IPV. Lastly, both identity of self and meaning ascribed for all the participants were influenced heavily by the culture's framing of women.

Other Findings

Coping Mechanism

In this study, faith in God emerged as sub theme when the participants talked about their courage and resiliency. Courage was also viewed as a means of survival for the participants. Survival played a vital role in the lives of the participants, as it was a very meaningful component. Survival came across as needed in for basic needs to be met, and for the preservation of life. The participants attributed their resilience and endurance to their faith in God. Having such a faith was important to the participants as they reported seeing it as a vital aspect of them being alive.

Sheila shared:

I believe that I am alive because God kept on protecting me by sending people my way each time I was about to kill myself. This was an obvious sign that God wanted me alive and therefore I endured with the hope that someday my situation will change (*mwenn te toujou kwè ke yon jou Bondieu tap chanje sitiyasyon'm*).

Similarly, Violane stated, "I never question God despite all of the abuse that I have endured from my husband. If anything, God gave me strength and wisdom to endure." Gaining strength from was clearly present in the narratives of all the participants. Marthe noted, "God saw fit to take my mother away when I was very young, and I don't know my father, but I know that God has been with me every step of the way. There is not other way to explain it. I have been an orphan my whole life, God has been the only

constant presence in my life, because he is all I have” (*Jezi se tout pou mwen*).

Hope (*espwa*) also emerged as a sub theme that resonated for the participants. Hope played a crucial role in the participants’ will to live as they looked towards the future. Furthermore, the participants in this study shared their determination and devotion to seeing that their situations change for the better. Shelia saw her future as hopeful, and stated:

Researcher: ... So, this is you talking your truth. If I may ask, what does your truth look like?

Sheila: Wow, that’s a powerful question, my truth looks like many things such as me having a confident voice, being able to start my life over, having hope that I will shine brightly someday. I am no longer in the home that I shared with my husband. My truth looks like, me not being shamed to be in the 11th grade with 17 year-old kids who are much younger than me. I must say that, I was really traumatized by this very thought at first. However, I have shifted my thinking and now I see myself as a mentor for young girls in my class, I am able to teach them about their rights and how they should demand to be treated with respect, dignity and honor especially by someone how suppose to love you. Now, I am the sergeant of arms in my class, as my classmates really listen to me. My truth looks like me getting in a taxi cab with my two children going to school together and upon return home, sitting on the table with a little lamp to do our homework. Should I continue? Researcher: Yes, by all means, it sounds like your truth has many layers to it.

Summary

This study sought to hear voices and understand the lived experiences of women living in Haiti and the meaning that they have ascribed to those experiences, by utilizing the IPA analysis model. The participants shared various aspects of their mindset and processes during the interviews with this researcher. Upon the completion of the analysis of all the cases, numerous emergent and superordinate themes were identified (Smith et al., 2009). The emergent themes showed the participants' views of themselves, the means of survival, and the culture's stand on IPV. The results indicated a negative view of self after experiencing IPV, even though personal meanings ascribed were different, but the negative views of self was held by all the participants. The results also indicated courage was a vital factor for survival means and to stand help them stand against the norm of enduring IPV in silence. The results also indicated that vulnerability as salient contributor for continued abuse due to inadequate resources and/or education on IPV. The results further indicated the need for economic opportunity for women, and their overall perception of the lack of responsiveness from the legal system. Overall, the findings in this study not only add to the existing limited body of research concerning Haitian women living in Haiti, but also enrich it in that the courageous VWA (voices) of women were heard in a culturally competent manner, thereby, the true essence of the participants' lived experiences were captured.

CHAPTER V: DISCUSSION AND IMPLICATIONS OF THE STUDY

Reflections of Interviews Conducted

This study was designed to hear the voices of women in Haiti, who have experienced IPV, to highlight their lived experiences, and to understand meanings ascribed to those experiences. This study was conducted by using semi-structured interviews to generate conversations about IPV, and analyzed through IPA. Currently, there is very little research on making the voices of women in Haiti front and center regarding their lived experiences and the meanings they ascribed to those experiences. Hence, this present study adds to the available literature while enhancing the understanding of the lived experiences of IPV victims in Haiti. Narrative Therapy was used as the guiding theoretical orientation of this study, which enabled me as a researcher to not only hear the courageous voices of extraordinary women in Haiti, but also understand the meaning the participants attributed to their experiences of IPV. Not surprisingly, the study gave insight on the participants' lived experiences, and also the extraordinary courage (KOURAJ) shown by shining away from the norm of remaining silenced.

Discussion

This study was designed to incorporate the VWA (voices) and lived experiences of women in Haiti, who have experienced IPV. The main findings included the way in which the participants identity themselves in relation to IPV, and the meanings they attributed to their experiences. In addition, the participants voiced their concerns over the lack of protection, education and resources that the Haitian government currently affords them. As suspected and stated in chapter two, the participants internalized the

overall attitude of the Haitian culture in tolerating IPV, as not being value and productive members of the society at large. Furthermore, the lack of protection translates into the mentality of the need to survive by enduring IPV rather than escaping it. Nevertheless, a shift has occurred in the way that certain women in Haiti want to show their courage. In fact, the participants reported their willingness to participate in such a study, as a testament of their newly found courage and bravery, because they are going against the culture's norm. Most women experiencing IPV in Haiti remain silent due in part to accepting their fates, as there are no alternatives for them. According to a study by Latta et al. (2005) "many [Haitian Community] participants emphasized that violence was a common, everyday occurrence in Haiti, both inside and outside the home, it was very accepted or just what happens" (p. 1447).

The participants' experiences and meanings of IPV were clearly shaped by the social and cultural discourses that are being promoted in Haiti about women. These powerful discourses also shaped the participants' perceptions of self-worth and importance in that particular society. Given Haiti's patriarchal structure—where men dominate, the participants reflected feelings of inadequacy and powerlessness to fight with the God given power and control that Haitian men are afforded with. In addition, the participants described their family's roles as part of their reluctance to seek help. Anna stated "I went stay with my sister after my husband beat me severely, my sister called him back the next day to come and get me." Anna further stated "that hurt me badly, because I knew then no one cared and there was support available for women like me, so I went back and continued to suffer." Anna's narrative is indicative of the role that family plays in allowing for the violence to continue against women. As shown in the literature review,

and confirmed by Anna's narrative, some women are indeed in agreement with the notion that men ought to be respected, honored and have the right to discipline as they see fit.

Strengths and Limitations of the Study

There are numerous strengths associated with this study. First, the methodology used—the qualitative method allowed this researcher to explore phenomenon where little is known (Stern, 1980; Strauss & Corbin, 1998). Additionally, categories come directly from the collected data as opposed to having the imposition of preexisting categories, as do quantitative methodologies. Secondly, the use of semi-structured interviews helped generate meaningful conversations where the participants engaged in rich descriptions of their lived experiences and thereby verbalizing meanings associated with those experiences. The semi-structured interviews also allowed for the focus to remain on the participants' understanding of their lived experiences. Thirdly, this study serves as a cultural guide as to what some women in Haiti are experiencing with the epidemic of IPV and some of the contributing factors that are associated with their understanding of what it means to be a woman who is enduring IPV in Haiti. Lastly, although the participants in this study are not a representation of all IPV victims in Haiti, many Haitian women will resonate with the findings of this current study.

This study has several limitations that must be considered. The first limitation is, the very fact that the women in this study were already working through issues connected to IPV. This does not represent the lives or experiences of most Haitian women. Currently, IPV in Haiti is not widely denounced simply, because many people do not see it as a problem. Latta et al. (2005) noted, "violence was a common, everyday occurrence in Haiti, both inside and outside the home, it was very accepted or just what happens" (p.

1447). This widely cultural attitude towards IPV; can be seen as a valid reason for most Haitian women not to recognize the need to seek help for something that is normal. Therefore, having conversations with women who had already sought therapeutic help for their experiences of IPV is against the norm.

The second limitation is that, the women interviewed came from one central part of Haiti, Port-au-Prince. This need to denounce IPV by these group of women might have come from the fact that, these women are based in a part of Haiti that can be seen as more advanced. Port-au-Prince is the capital city of Haiti, and the beneficiary of many international organizations designed to bring attention of human rights issues. Consequently, these women are exposed to some resources, although limited, that most Haitian women are not accustomed to in other part of Haiti. As listed in the literature, to date, there is only one shelter in all of Haiti for women who have experienced or currently experiencing IPV. Lastly, another perceived limitation might be within the semi-structure interviews questions where not all aspects of the participants lived experiences were captured. Nevertheless, this study is no doubt a great addition to the body of research currently available on the epidemic of IPV in the Haitian culture, particularly, for the women living in Haiti.

Implications of the Study

For MFTs in Haiti and in the U.S.A

In chapter II, the existing literature on IPV, I explored the role that faulty social cultural discourses embedded in language and our way of knowing influence our perceptions of ourselves, and thereby meanings ascribed to our lived experiences. Having this understanding is crucial when dealing with IPV victims of any culture. It is much

more crucial, when a foreign culture is added to the mix. It has been well established that there is a need for MFTs to be properly trained to work with IPV victims (Stith et al., 2016), as most MFTs are not competent in recognizing IPV in clients or just not comfortable dealing with this population. Therefore, there is a grave need for MFTs to not only be able to recognize IPV, but also to be able to intervene in a culturally competent manner. In all honesty, studying the lived experiences of Haitian women living in Haiti, who have experienced IPV, has not been a priority for most researchers out there. Haitian women are underserved in the realm of social services, especially in the realm of therapy. Hence, there was a need to look further into the lived experiences of Haitian women, especially those living in Haiti, due to the high Haitian migration into the United States. This researcher saw fit to bring the voices of Haitian women in living Haiti, to the forefront in order to help bring awareness of the need for subcultures, like Haitian women, within the larger IPV umbrella to be paid attention to.

Another implication worth noting is that violence for some of the participants entered the relationship after reaching a certain milestone in the relationship, such as after marriage, or after the arrival of a child. Although this pattern was not true for all of the participants it did show how the notions of power and control came into play as far as the permanency and/or the escalation of the violence in the participants' relationships. This pattern could be viewed as with marriage or the birth of a child, women are owned by the men they are with and have no way of escaping. Due to first, their marital status, as married people in the culture are expected to stay with their spouses no matter what, and secondly, with children added into the mix, the economic burdens augmented for women.

This study also implicated Haiti strongly, as there is a need for the country to evaluate its overall society view of IPV and the need for law enforcement to be more responsive to complaints reports. Latta et al. (2005) stated, “one of the reasons this violence went unchecked, according to HC participants, was that the police in Haiti were unwilling to respond to domestic violence situations” (p. 1447). According to one of the participants in their study, “there is no way to deal with it in Haiti because you cannot call the police and say, my husband is beating me up; they will laugh at you,” (Latta et al. 2005, p. 1447). This quotation is similar to reports from the participants in this study, where some of the women reported that police officers have laughed at them while in the process of trying to report instances IPV. Haiti as a result, needs to have social services in place to include intervention services to victims of IPV, throughout the Country, in all 10 departments. In addition, Haiti needs competent practitioners in order for recipients to feel validated, heard and understood. For that to happen, there must be a shift in the overall social cultural discourses and attitudes about IPV.

Suggestions for Future Research

The findings of this study provided a deeper look into the dire the situation of IPV against women in Haiti, evidenced by the lack of societal consideration of women. Given the reality that Haitian women are currently living in, a Country where there are little to no available recourses for women. It is important for the voices of women to continue to be heard, while having a culturally sensitive understanding of their lived experiences. Therefore, it is recommended that more culturally educational outreach programs must be held in Haiti to help educate Haitian women about the true nature of the devastation that the IPV epidemic poses. Also, it is recommended that more research be done of the

available recourses currently in place and who truly has access to those recourses.

Furthermore, research into what interventions are currently in place in Haiti, and what informed these intervention programs would be very helpful as well.

For Women who are Currently Suffering in Silence

This study can be a motivation for other women who currently suffering in silence to gain the courage needed to step forward and denounce IPV. This is especially true for the women who are a part of the Haitian culture, because all the societal barriers that are keeping them from feeling validated and worthy of being in relationships that are free of violence. There is an obvious implicit support of violence within the family structure in Haiti, and according to Latta et al. (2005) this creates a “double bind for women in Haiti” (p. 1448). Meaning that, first, women too often take counsel from their families regarding their experiences of IPV; however, these counsels often result in having the women go back to their abusers. This is a prime example in the narrative of the participant Sheila, where her very brother called her abusive husband to let him know that she was seeking shelter from him right after a gruesome beating. Similarly, Anna’s sister called her husband to come and get her a day after she sought refuge from the sister due to of course another gruesome beating. Secondly, pervasive cultural values continue to be salient themes into are women in Haiti have been taught to remain silent while enduring IPV. Hence, the forces of family connections and cultural values can prove to be too much for victims who fear to stand against IPV in fear of further punishments from society and their abusers. Consequently, having the participants in this study taking stances against IPV in Haiti is of extreme importance for the victims who have yet to muster up a different type of courage to confront IPV.

For Social Cultural Changes on the Outlook of IPV in Haiti

The current social cultural discourses and outlook of IPV in Haiti must change. The culture's overt and implicit tolerance of IPV proves to be very problematic for the many women who have and are currently experiencing this phenomenon. In order for such changes to happen, the Haitian people as a whole must first recognize that IPV is a real problem. Secondly, the Haitian government must be willing to have discussions about the effects of violence against women in Haiti. The Haitian government must also receive the loud and courageous messages that this group of women is sending by talking about their lived experiences and the perceptions of selves and meaning of existence that they have in turn developed based on cultural values. Thirdly, the tolerance of gender inequality, where women are viewed as inferior must be challenged. Women must be given their rightful place in the Haitian culture as able and capable members of society. Fourthly, adequate resources must be made available across the 10 departments of Haiti, where victims can easily access help. It is astonishing that in all of Haiti, a country of 11.26 million people where in 2016 the female population was reported to be at 50.55 percent, has just one shelter—Kay Fanm helping IPV victims.

Conclusion

The completion of this study on IPV in Haiti was inevitable for me, though it was an ambitious undertaking. This study was fueled by passion and curiosity that I channeled through being an advocate for those who survive IPV despite uncertainties, concerns, and fear. The purpose of this study was to hear the VWA (voices) of courageous women who have or are currently enduring IPV. In addition, also having an understanding of the meanings that these women have ascribed to those experiences was

equally important, because it gave a culturally sensitive guide to helping Haitian women, particularly those who are living in Haiti. There is an abundant body of research concerning IPV, however, this study adds to the virtually nonexistent literature on Haitian women regarding their struggle with IPV in their lived experiences. This current study provides valuable insights into the IPV phenomenon and a deeper understanding of the lived experiences of these women.

It is my hope that this current study will serve as a pathway to opening dialogues about violence against women all over the world, but more precisely, for the women living in Haiti in dire situations. I truly believe that this can be made possible by having the courageous voices of the participants' lived experiences be made front and center. I urge the policymakers in Haiti to join women organizations such as Kay Fanm, and the Ministry of Women's Affairs to provide humanly and appropriate services/and or resources to victims of IPV. I pray that women in Haiti, are afforded the opportunity to thrive and truly live in their purpose, and that their equal constitutional rights for political, economic, cultural and social opportunities be respected and implemented. Furthermore, it is as important for therapists and service providers alike to become more culturally competent in the services that being provided to Haitian women.

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Appendices

Appendix A
Demographic Form

Participant Pseudonym

Date: -----

Age: -----

Birthplace: -----

Do you identify as an IPV victim? YES NO

Have you received counseling from Kay Fanm? YES NO

How long have you been receiving services from Kay Fanm? -----

Appendix B

Electronic Request Letter

Michaelle D. Pierre
3301 College Ave
Fort Lauderdale, FL 33314

IRB# : 2019-231

Dear Kay Fanm,

My name is Michaelle Pierre. I am a PhD student at Nova Southeastern University. I would like to do my dissertation on the issue of Intimate Partner Violence in Haiti. The projected title of my research is VWA: Hearing the Voices of Women in Haiti who have experienced Intimate Partner Violence. I will be working under the supervision of Dr. Christine Beliard, who is a professor at Nova Southeastern University.

I came across the existence of Kay Fanm while doing my research on available resources for IPV victims in Haiti. I am interested in collaborating with Kay Fanm to conduct interviews with Women who are receiving services with the Kay Fanm organization. I am looking to conduct semi-structured interviews with 7 to 10 women. Please advise if it is possible to work with Kay Fanm to conduct the projected interviews. I am patiently awaiting your response. I can be contacted at mp2294@mynsu.nova.edu or 305-303-0677.

Thank you in advance and I look forward to speaking to a representative from
Kay Fanm.

Kind Regards,
Michaelle D. Pierre

Appendix C

General Informed Consent Form

NSU Consent to be in a Research Study Entitled

KOURAJ: Hearing the Courageous Voices of Extraordinary Women in Haiti who have
Experienced Intimate Partner Violence, A Phenomenological Study
Who is doing this research study?

College:



NSU Libraries

Nova Southeastern University
NSU Works

Department of Family Therapy Theses and
Dissertations CAHSS Theses and Dissertations

Principal Investigator: Michaelle D. Pierre, M.S., LMFT, LMHC

Faculty Advisor/Dissertation Chair: Christine Beliard, PhD, LMFT

Co-Investigator(s): Not Applicable

Site Information: Kay Fanm Nonprofit Organization

2 Angle Jean Baptiste & Joliboiis Canapé Vert, HT 6115

Port-au-Prince, Haiti

Unfunded

What is this study about?

- This study is designed to hear the (VWA) voices of Women who have experienced IPV in Haiti. The purpose of this study is to hear the VWA (voice) of women in Haiti who have endured Intimate Partner Violence, and to understand their lived experiences and the meanings that they have ascribed to their experiences. This study will benefit our field (MFT), by providing a greater understanding into the lived experiences of Haitian women who have endured IPV both in Haiti and here in the United States.
- Therapists alike who provide services to Haitian women who have experienced IPV can use this study as tool to better understand the uniqueness of this population.
- Social Changes—Having the VWA (voices) of IPV victims in Haiti be made front and center can be the first step into lobbying for policy changes in Haiti regarding women's rights. My ultimate hope is to begin to see a change in the social cultural discourse around IPV in Haiti.

Why are you asking me to be in this research study?

You are being asked to be in this research study because it is important that your voice be made front and center regarding your lived experienced with the IPV problem in Haiti.

This study will include about 7 women.

What will I be doing if I agree to be in this research study?

While you are taking part in this research study, you will participate in a one-time 60-minute interview, plus a final follow up interview for 30 minutes for member checking.

Research Study Procedures - as a participant, this is what you will be doing:

- A 1 hour interview regarding your lived experiences with IPV.
- I have received clearance from *Kay Fanm* personnel to conduct the interview with commuters who are willing to voluntarily commit to participating in this study.
- A preliminary telephone interview was held between this researcher and personnel at Kay Fanm for the purpose of interviewing women who have endured IPV in Haiti.
- Kay Fanm has pre-screened all women who are currently services on the basis of experiencing gender-based violence.
- A series of semi-structured and open-ended questions will be asked of the participants to generate rich narrative about their lived experiences with IPV in Haiti.

- The interview will last 60 minutes for the initial and 30 minutes for a follow-up interview.

Are there possible risks and discomforts to me?

This research study involves minimal risk to you. To the best of our knowledge, the things you will be doing have no more risk of harm than you would have in everyday life.

You may find some questions we ask you (or some things we ask you to do) to be upsetting or stressful.

If so, we can refer you to someone who may be able to help you with these feelings. Printed information will be given to two Mental Health Centers: Support groups at Zanmi Lasante (friends of health) with Dr. Eddy Euschache in Delmas, Haiti. Therapy counseling with Dr. Pierre Desameau at “Zanmi Lasante (friends of health) in Petion-Ville, Haiti.

What happens if I do not want to be in this research study?

You have the right to leave this research study at any time or refuse to be in it. If you decide to leave or you do not want to be in the study anymore, you will not get any penalty or lose any services you have a right to get. If you choose to stop being in the study before it is over, any information about you that was collected **before** the date you leave the study will be kept in the research records for 36 months from the end of the study and may be used as a part of the research.

What if there is new information learned during the study that may affect my decision to remain in the study?

If significant new information relating to the study becomes available, which may relate to whether you want to remain in this study, this information will be given to you by the investigators. You may be asked to sign a new Informed Consent Form, if the information is given to you after you have joined the study.

Are there any benefits for taking part in this research study?

There are no direct benefits from being in this research study. We hope the information learned from this study will serve as a guide to help Haitian women who have or currently enduring the public health problem, IPV.

Will I be paid or be given compensation for being in the study?

You will not be given any payments or compensation for being in this research study.

Will it cost me anything?

There are no costs to you for being in this research study.

Ask the researchers if you have any questions about what it will cost you to take part in this research study (for example bills, fees, or other costs related to the research).

How will you keep my information private?

Information we learn about you in this research study will be handled in a confidential manner, within the limits of the law and will be limited to people who have a need to review this information. All recordings will be kept in a locked safe in researcher's private home office. Transcribed materials will be stored in a password-protected computer and the computer. This data will be available to the researcher, the Institutional Review Board and other representatives of this institution, and any regulatory and granting agencies (if applicable). If we publish the results of the study in a scientific journal or book, we will not identify you. All confidential data will be kept securely in a locked safe and in a password-protected. All data will be kept for 36 months from the end of the study and destroyed after that time by shredding all paper documents, and destroying all recordings.

Will there be any Audio or Video Recording?

This research study involves audio and/or video recording. This recording will be available to the researcher, the Institutional Review Board and other representatives of this institution, and any of the people who gave the researcher money to do the study (if applicable). The recording will be kept, stored, and destroyed as stated in the section above. Because what is in the recording could be used to find out that it is you, it is not possible to be sure that the recording will always be kept confidential. The researcher will try to keep anyone not working on the research from listening to or viewing the recording.

Whom can I contact if I have questions, concerns, comments, or complaints?

If you have questions now, feel free to ask us. If you have more questions about the research, your research rights, or have a research-related injury, please contact:

Primary contact: Michaelle D. Pierre, MS, LFMT, LMHC can be reached at 305-303-0677

If primary is not available, contact: Dr. Christine Beliard can be reached at (954) 599-0741

Research Participants Rights

For questions/concerns regarding your research rights, please contact:

Institutional Review Board
Nova Southeastern University
(954) 262-5369 / Toll Free: 1-866-499-0790
IRB@nova.edu

You may also visit the NSU IRB website at www.nova.edu/irb/information-for-research-participants for further information regarding your rights as a research participant.

Research Consent & Authorization Signature Section

Voluntary Participation - You are not required to participate in this study. In the event you do participate, you may leave this research study at any time. If you leave this research study before it is completed, there will be no penalty to you, and you will not lose any benefits to which you are entitled.

If you agree to participate in this research study, sign this section. You will be given a signed copy of this form to keep. You do not waive any of your legal rights by signing this form.

SIGN THIS FORM ONLY IF THE STATEMENTS LISTED BELOW ARE TRUE:

- You have read the above information.
- Your questions have been answered to your satisfaction about the research.

Adult Signature Section

I have voluntarily decided to take part in this research study.

Printed Name of Participant

Signature of Participant

Date

Printed Name of Person
Obtaining Consent and
Authorization

Signature of Person Obtaining
Consent & Authorization

Date

Appendix D

Interview Structure

Date/time:

Introduction:

1. Introduce myself to the participant (Rapport building phase)
2. Review and Sign Informed Consent Forms
3. Review statement of Confidentiality

General Questions:

1. Can you please let me a little about yourself?
2. What part of Haiti were you born in?
3. Tell me a little about your family.
4. How well do you know the Haitian Culture?
5. How would you describe the Haitian Culture?
6. Does Haiti have available resources for women who have experienced IPV?

Researcher Questions on IPV:

1. Define your experience with IPV?
2. How do you understand your experiences with IPV?
3. If you could draw a picture of what IPV has represented in your life, what would that picture look like?
4. What was your first experience with IPV?
5. Tell me of a story passed down in your family about IPV?

Perceptual Questions:

6. What are your thoughts about Haiti and IPV?
7. What have you believed about yourself through your relationship with IPV?
8. Why do you believe IPV so tolerated in Haiti?

Meaning Questions:

9. What effect, if any, has IPV have on your self worth?
10. If you could describe yourself in one word, what would that word be?
11. What meanings do you ascribe to your experiences of IPV?
12. What meaning does having your voice be heard have for you?

Coping Questions:

13. How have you been able to cope with repeated experiences of IPV?
14. Do you feel supported by family, friends, or community?
15. Do you consider yourself to be a strong person?

Future Oriented Questions:

16. What is your hope for the future?
17. What do you believe the future hold for you?

Concluding Questions:

18. What message do you have for Haiti and the world about your experiences of IPV?
19. Is there anything else you do like to say in your experiences with IPV?

Biographical Sketch

Michaëlle Darley Pierre was born and raised in Cap Haitien, Haiti. She migrated to the United States of America at the age of 16. She obtained two bachelor degrees, one in Psychology and the other in Criminal Justice, with a minor in Sociology and a certificate in Homeland Security and Terrorism.

She obtained a dual Masters degree in Counseling Psychology specializing in Marriage and Family Therapy & in Mental Health Counseling. She is a dual Licensed Marriage Family Therapist and Licensed Mental Health Counselor in the State of Florida.

Michaelle is also a fourth year Ph.D. Candidate in the field of Marriage and Family Therapy at Nova Southeastern University in Florida, U.S.A. Michaelle is on track to become an AAMFT Approved Supervisor in December 2019. Michaelle has co-authored an article with Dr. Jim Hibbel, Jim Duvall, and many other peers titled “Valuing Our Values: Short Stories of Revitalizing Traditional Work Contexts by Reclaiming Collaborative Practices. Michaelle has presented her work at national conference (FAMFT) and at the University setting.

Michaelle currently serves as the Clinical Director at Broward Youth Treatment Center (BYTC) in Pembroke Pines, FL. She is responsible for developing and revising facility operation policies and procedures to ensure compliance with Department of Juvenile Justice QA Standards, and serves as the Designated Mental Health Authority.

Michaelle is very passionate about bringing awareness about the prevalence of Intimate Partner Violence (IPV), in the Haitian Culture. Above all, Michaelle is just a fervent servant of her Lord and Savior, Jesus Christ.